

Canadian Hospital

- *X-ray Departments in Small Hospitals*
- *New Dining Area at Toronto Western*
- *For Other Special Dietetic Features*

—see pages 32 to 54

JUNE, 1952

Official Journal—Canadian Hospital Council



Confidence... well-placed

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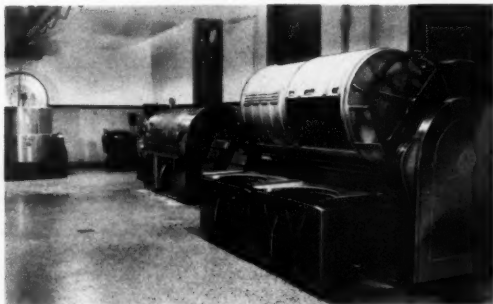
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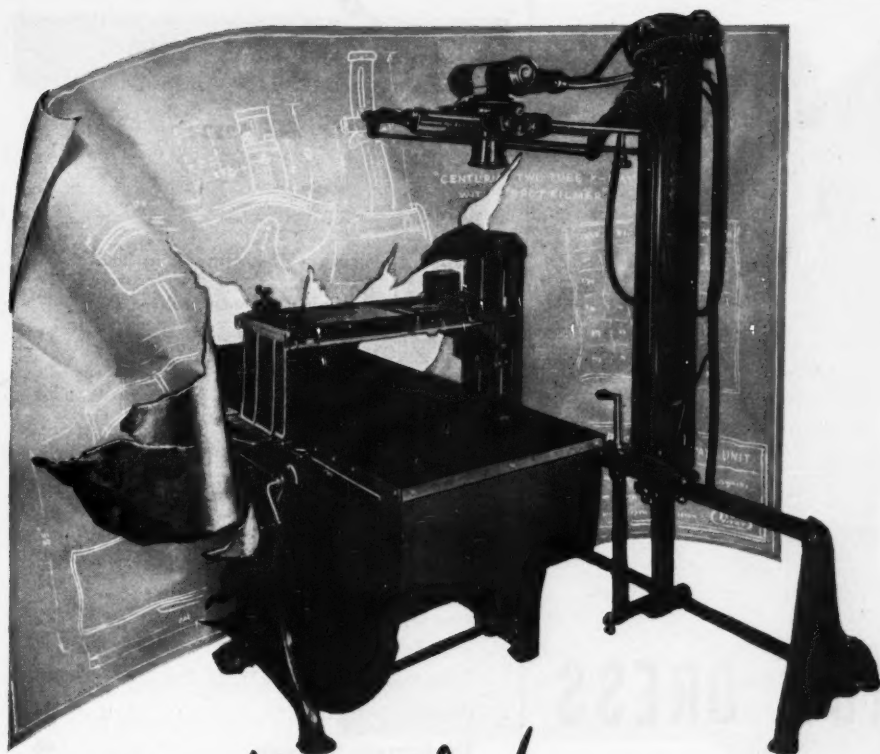
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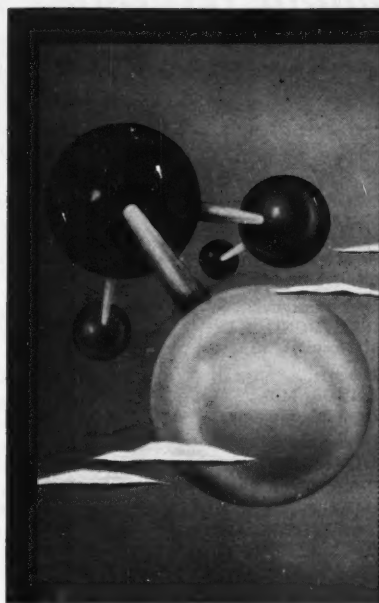
Illustration also shows Nurses' Surgery Cap.
No. 8HE11.

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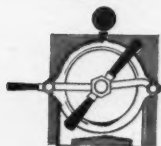
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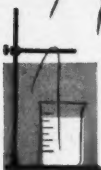
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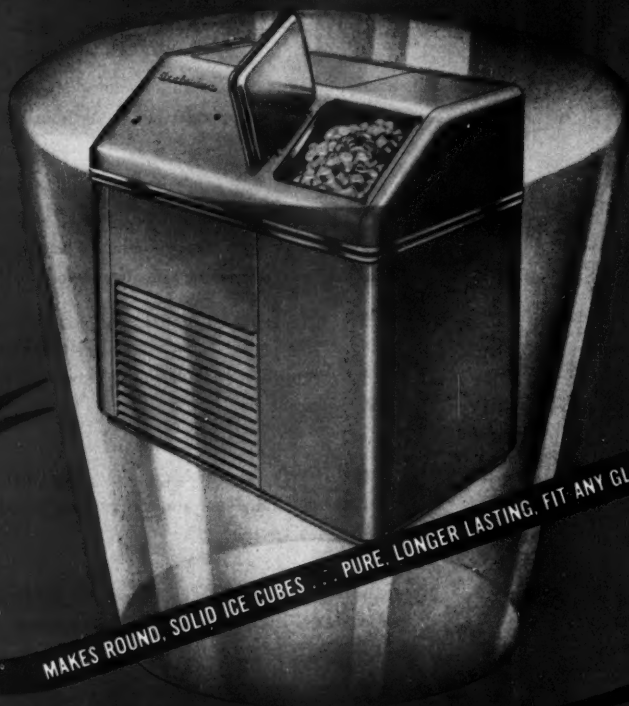
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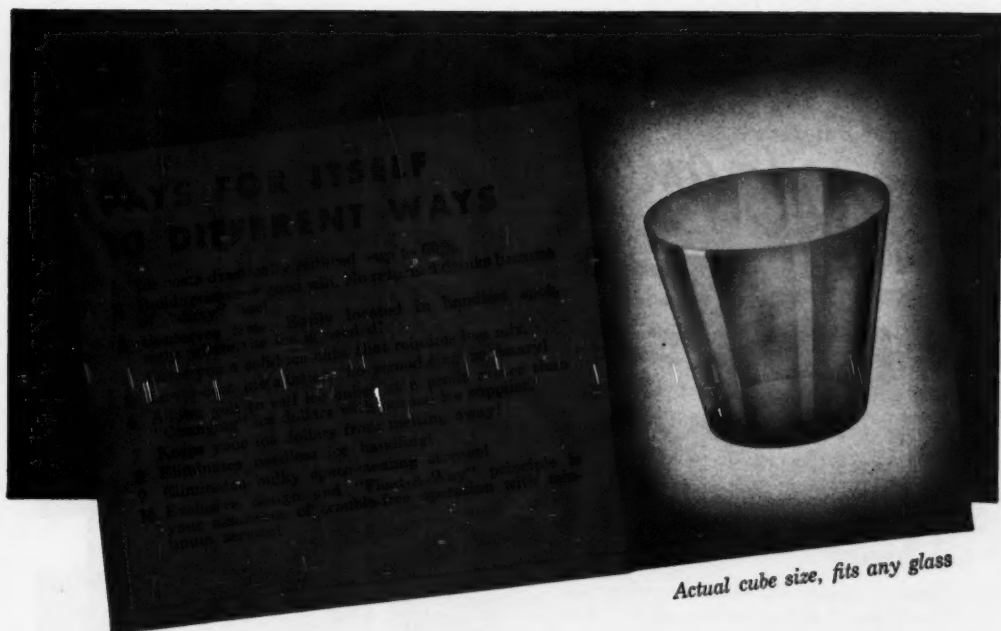
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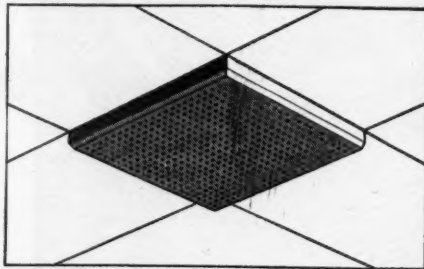
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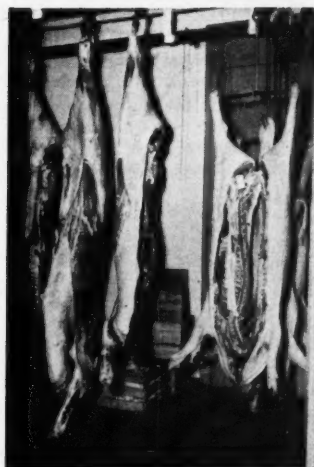
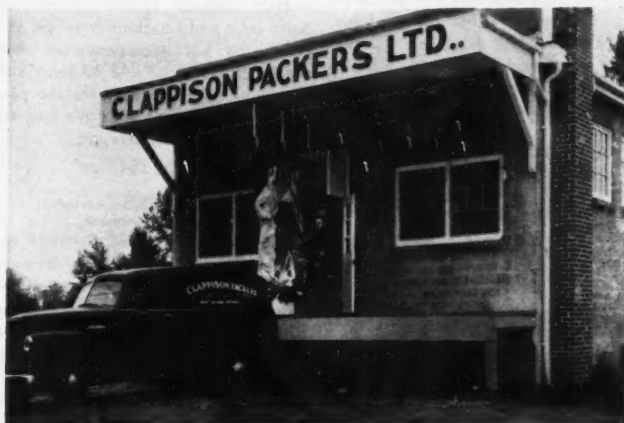
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◀ Notes About People ▶

Dr. C. R. Trask to Succeed Ralph H. Gale at Saint John General

It was announced recently by the board of commissioners for the Saint John General Hospital, Saint John, N.B., that Dr. Carl R. Trask of Saint John, will succeed Ralph H. Gale as superintendent of the hospital, when Mr. Gale's term of office expires on

December 31. Dr. Trask is well known for his outstanding work with the New Brunswick department of health, as district medical health officer for Saint John and Charlotte counties. Mr. Gale, who has been connected with the hospital for the past 30 years and served as superintendent for the past 10 years, will retire from the hospital field at the end of this year.



R. H. Gale

Dr. Gerald LaSalle Accepts New Appointment

Dr. Gerald LaSalle, formerly an assistant director of the Royal Victoria Hospital, Montreal, has been appointed administrator of the University of Montreal's new hospital. Born at Calumet Island, P.Q., Dr. LaSalle was graduated in arts from the University of Montreal in 1935. In 1940, he was awarded his medical degree from Laval University and, after four years in

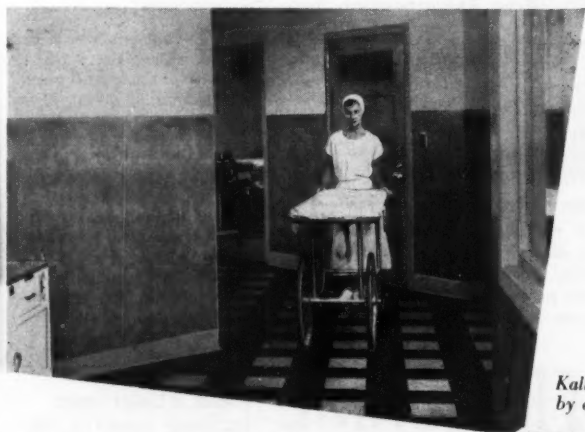
general practice, he enlisted in the Royal Canadian Army Medical Corps. Later, he returned to private practice in Montreal and, in 1949, enrolled in the post-graduate course in hospital administration at the University of Toronto, serving his administrative residency at the Royal Victoria Hospital. Dr. LaSalle assumed his new position at the beginning of this month.

* * * *

John R. Marshall

Hospital people in Ontario have lost an excellent supporter and wise counsellor through the death of John R. Marshall, immediate past-president of the Ontario Hospital Association, on April 25th. A resident of Peterborough, Ont., since 1922, Mr. Marshall was general manager of the Canadian Nashua Paper Co., Ltd., from 1927 until his retirement in 1945. Believing that every citizen has a duty to his community, he was always a diligent participant in some form of voluntary public service. One of his many activities, in the interest of his community, was the conscientious and devoted

(Continued on page 16)



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Ward, L. E., Slocumb, C. H., Polley, H. F., Lowman, E. W., and Hench, P.S.: Proc. Staff Mtgs., Mayo Clinic 26: 361, September 26, 1951.

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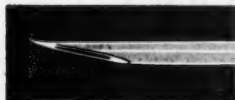
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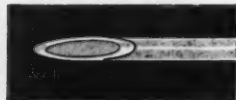
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service he gave as a member of the board of directors of the Peterborough Civic Hospital, serving as chairman for many years. Mr. Marshall also contributed his extensive knowledge and valuable time to the Ontario Hospital Association, both as a member of the board of governors and as president during the 1950-51 term. This



John R. Marshall

quiet, unassuming man, with his keen business ability, will be remembered as chairman of his hospital's board of governors during the years of planning and constructing the new Peterborough Civic Hospital, which was opened in May 1950.

* * * *

Nettie Fidler Appointed Director of U. of T. School of Nursing

Nettie D. Fidler, director of the Metropolitan School of Nursing, Windsor, Ont., has been appointed director of the University of Toronto School of Nursing. Miss Fidler assumes the post to be vacated by Dr. Kathleen Russell, who is retiring at the end of this month. Miss Russell was instrumental in founding the school in 1933 and has been its director since that time.

Miss Fidler is a graduate of the Toronto General Hospital's School of Nursing where she has held teaching and supervisory positions. In 1928, she obtained a certificate in teaching and administration from the school for graduate nurses at McGill University, Montreal. Later, while director of nursing at the Toronto Psychiatric

Hospital, Miss Fidler initiated a program of affiliation for student nurses and a post-graduate course for nurses



Nettie D. Fidler

at the hospital. From 1932 to 1936, she was superintendent of the Ontario Hospital at Whitby.

Miss Fidler joined the staff of the
(Continued on page 20)



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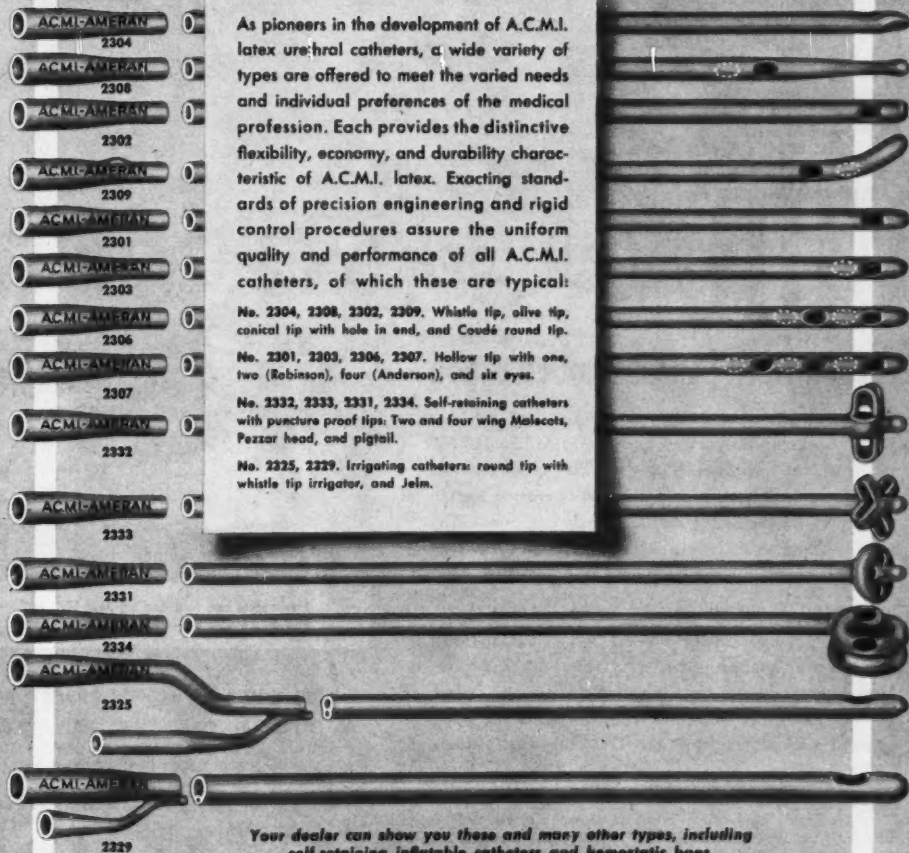
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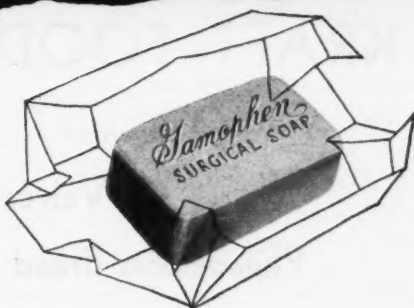
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19

University of Toronto School of Nursing in 1936 as a lecturer and assistant professor. Through a travelling fellowship from the Rockefeller Foundation, Miss Fidler visited schools of nursing in Europe in 1939. She became director of the new demonstration school of nursing at Windsor, Ont., in 1947, a position which she held until her recent appointment. Miss Fidler is also co-author, with Dr. K. C. Gray, of *Law and Practice of Nursing*.

* * *

Dr. William Wagner

Dr. William Wagner, chief pathologist and director of laboratories at St. Michael's Hospital, Toronto, died in May at the age of 65 of a coronary thrombosis. Dr. Wagner had been ill during the past year but had resumed his hospital duties recently. Born in Cork, Ireland, he graduated from University College, Cork, in 1909, with the degrees of M.B., B.Ch., and B.A.O. Later he received the degrees of D.P.H., N.U.I., and M.D. In 1910, Dr. Wagner was appointed demonstrator and lecturer in pathology at University College, Cork. During World War I, he

served as a bacteriologist with the R.A.M.C. In 1921, he joined the staff of the University of Toronto as lecturer in pathology and, in 1938, was appointed assistant professor of pathology. Dr. Wagner had been associated with St. Michael's Hospital since 1921 and was chairman of its medical advisory board. A past-president of the Canadian Association of Pathologists, Dr. Wagner was also a member of the American Association of Pathologists and Bacteriologists. Apart from his numerous duties, Dr. Wagner found time in his busy schedule to write several books, including a textbook on haematology, and to pursue his favourite sports, golfing, hunting and fishing.

* * *

J. M. Morrison New Administrator for Hospital at Kamloops, B.C.

The Board of Directors of the Royal Inland Hospital at Kamloops, B.C., has appointed James M. "Mac" Morrison as administrator. Previously, Mr. Morrison was the Secretary-Treasurer of the Municipal Hospital at Red Deer, Alta. He succeeds Fred W. Scott as administrator at the Royal Inland Hospital.

Born and educated in Edmonton, Mr. Morrison was a member of the staff of the Royal Alexandra Hospital



J. M. Morrison

from 1939 to 1948, and during this period spent over four years in the Royal Canadian Air Force. In his

(Concluded on page 110)

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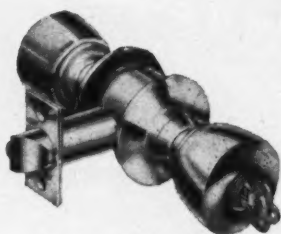
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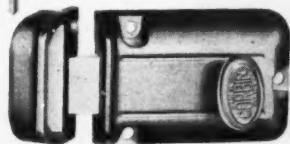
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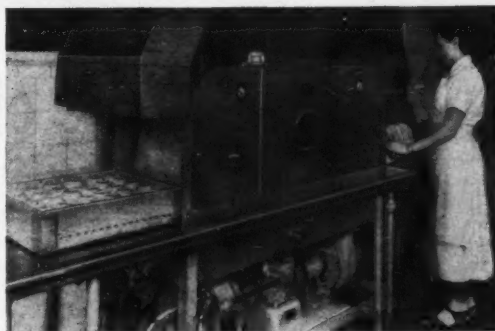


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Obiter Dicta

Ceiling on Standard Ward Accommodation

FOLLOWING a flurry caused by the release of the Ontario Health Survey Report in May (see page 58), a statement was made by Ontario's Minister of Health to the effect that the government plans to place a ceiling on the standard ward accommodation. The sum of \$7 was mentioned, an amount which is now less than cost in most hospitals and which would entail a roll-back of hospital rates in some areas. Because such a statement would only be made after most careful consideration, it should be examined thoroughly for there are many implications.

The "room and board" yard stick which the government used to arrive at the \$7 ceiling is no longer valid in measuring hospital costs for, with the shortening length of stay, this item on the patient's bill is frequently less than either diagnostic services or drug charges or both. The application of medical science is ever-widening and we may expect an even greater proportion of the hospital bill to be made up of diagnostic and drug charges, and other services ordered by the doctor. This too was pointed out in the survey report and is, of course, widely known.

A steady increase in the per diem cost of hospital care is inevitable. The competition for skilled young Canadians will raise wage and salary levels still higher. Goods and services show little inclination to drop in price. Despite the current downward trend in the cost of living, it is said that a new high may be expected before this year is over. Because all of this must be fully appreciated by the Government of Ontario, which operates 14 mental hospitals, one may speculate on the purpose of the well-timed statement.

In the September, 1951, issue of *The Canadian Hospital* (page 27), the "Page" plan, now under consideration in Australia, was discussed. Sir Earle Page, Australian

Minister of Health, had advocated a state grants-in-aid program that would preserve present voluntary health agencies operating in the community. It is not unreasonable to believe that his plan may have had an impact on thinking in Ontario.

If standard ward rates are fixed by government decree, where will hospitals look for income to match steadily rising expenses? There is general agreement that private and semi-private charges, diagnostic services, and drug charges, are now taxed to their limit. Municipal governments seem to be straining with their present burden even though, proportionately, it is decreasing. Hence hospitals can only look, for more support, to the senior levels of government—provincial and federal.

A number of real and practical advantages might result from a steadily growing grants-in-aid program. This would permit the provincial government to escape the difficult task of setting up a complex organization to handle its own hospital insurance plan. The drain on the public purse would go up in smaller steps since grants would be negotiated each year. After the experience of Saskatchewan and British Columbia, this would not be unpopular with treasury officials.

It would be possible for the present prepayment organizations, such as Blue Cross, co-operatives, fraternal orders, commercial insurance companies, et cetera, to stabilize their premium rates. The benefits of service contract could be extended. The present "know-how" of voluntary agencies would be completely utilized and gradually the entire population could be covered.

To the hospitals would accrue the advantages of wider prepayment coverage for their patients. Financing would be improved. Of major import also—sources of income would still be diversified. Control by any one single prepayment body would be avoided.

Such a course of action could bring an unusual development in hospital financing. With some imaginative leadership, a new pattern could be developed, one that will utilize our present resources to the maximum, cause a minimum of dislocation, and permit an optimum development in hospital service. Is this what Ontario has in mind?



Gallop Poll on the Cost of Sickness

AMONG the questions asked by a recent Gallup Poll Opinion Survey on the cost of medical and hospital care in Canada was the question "How do hospital charges compare with other costs?" It was reported that a majority of Canadians (52 per cent) interviewed felt

that hospital charges were out-of-line with current prices. A smaller percentage (36 per cent) of these people put medical attention and doctors' fees in the same category. Even though one may have some reservation about opinion surveys, the significance of these results cannot be overlooked or ignored.

For several years, hospital organizations and publications have exhorted their own groups repeatedly to spend more time telling the community what modern hospital service costs and why. Apparently the "telling" has not even reached the half-way mark — in results at least. The publicity accorded hospitals in the press, on the radio, and through other activities for National Hospital Day must be put on a sustaining basis. Until our people have a clear understanding of what is involved in providing good hospital care, the same equivocal and unsatisfactory consensus may be expected.

We still have a big task before us.

Alfred Kimball Haywood, M.D.

THE many friends of "Alf" Haywood will deeply regret his sudden death in Vancouver last month at the age of sixty-six. With the passing of Dr. Haywood the hospital field loses one of its most colourful figures and one whose constructive leadership has done much to further progress.

Born and educated in Toronto he continued his studies in England, Germany and France. In 1912 he became assistant superintendent of the Toronto General Hospital but quickly relinquished his post on the outbreak of war, serving during part of the war as medical officer of the Third Battalion and being honoured with the Military Cross. On his return he became general superintendent of the Montreal General Hospital, enlivening his days by taking an active part in an anti-vice campaign, a step which threatened him and his family with considerable danger. In 1930 he took over the Vancouver General Hospital, remaining in that post until 1947.

Over the years his contributions to the hospital field have been significant. He did much to build up the Montreal Hospital Council. He was Chairman of the Committee which directed the work of the Department of Hospital Service of the Canadian Medical Association, the body which initiated and sponsored the Canadian Hospital Council. A member of the Executive of the Council for many years, he could always be counted on to liven up its discussions. In British Columbia he was always willing to help his colleagues in smaller hospitals and, during World War II, did everything possible to co-operate with the armed forces. For these services he received the O.B.E.

Of particular delight to him was the success of his "boys" — his assistant administrators. We believe that he is the only administrator who has had three of his assistants become president of the American Hospital Association. He himself was a vice-president and, on at least one occasion, declined official nomination to the presidency. In 1949, Dr. Haywood received the first George Findlay Stephens Award, the highest honour in the Canadian hospital field.

To Mrs. Haywood and members of their family, his host of hospital friends throughout Canada and the United States will wish to express their deepest sympathy. All of us have lost a true friend and counsellor. — *H. A.*

Standards for the X-ray Department

as applied to the Small Hospital

WHEN we consider that x-rays were discovered only 55 years ago and how rapid has been their progress as a diagnostic aid from novelty to virtual necessity, shall we wonder that the x-ray service is still something of a problem child in the family of medical arts? Progress has been along three interdependent lines — apparatus and films, technique, and interpretation. In the early days, one and the same person often looked after all three phases, but each of these is now a specialized field.

Roentgen named his new ray "x", signifying the unknown. We who are engaged in x-ray technical work feel at times that the extent, quality, and the professional requirements of our work, still remain unknown to many workers in allied fields. Perhaps my comments will help to clear up a few of the mysteries.

The American College of Surgeons, in its *Manual of Hospital Standardization*, gives certain minimum requirements for the x-ray department. These are summarized as follows:

1. *Supervision:* the department shall be under the supervision of a competent medical radiologist, assisted by trained technicians.

2. *Location:* the department shall have adequate space and be located most conveniently for efficient service.

3. *Equipment:* this shall be sufficient at least for radiographic and fluoroscopic services, including, of course, processing facilities.

4. *Protection:* Proper protection of the operator and patient, together with adequate lighting and ventilation shall be provided.

5. *Records:* a complete system of records shall be filed in the department.

6. *Storage:* a special storage room, approved by the fire underwriters, shall be provided for films.

An address presented at the Third Maritime Institute for Hospital Administrators and Trustees, Halifax, N.S., November, 1951.

**Sister Edmund Campion,
R.N., R.T.,
Halifax Infirmary,
Halifax, N.S.**

Each of these headings is worthy of consideration.

Adequate Space

X-ray is still a rapidly-growing service and it is well to make the department much larger than you think is necessary even though you have little equipment and furnishings at present. The extra space can be temporarily utilized for some other purpose. One criterion for the size of the x-ray room itself is that it be large enough to house the equipment, give sufficient space for working purposes and for admitting carriages and stretchers. An area of 100 square feet is generally considered to be a minimum requirement. At least 50 square feet should be given over to the dark-room. Office and filing space, radiologist's consultation office, the patients' dressing rooms, lavatories, and a comfortable waiting room should also be considered. The number and size of these additional rooms will depend on size of the hospital and the amount of in-patient and out-patient work being done.

Location

The location of the x-ray department has a definite bearing on efficiency in four ways.

1. *In relation to other hospital*

"Roentgen named his new ray "x", signifying the unknown. We who are engaged in x-ray technical work feel at times that the extent, quality, and the professional requirements of our work, still remain unknown to many workers in allied fields."—Sr.E.C.

services. Is it freely accessible to the nursing floors, delivery room, and operating room so that patients may readily be transferred to and from the x-ray service?

2. *In relation to entrances and elevators, for out-patient and emergency service.* It is sad to see an injured or crippled patient trying to negotiate a flight of steps. A wheelchair should be kept in the department if there is any great distance between it and the entrance to the building.

3. *In relation to supply mains for water and electricity.* An adequate water supply with temperature control is essential for processing films. Where possible, it is advisable to have the electrical supply, for the x-ray machine itself, run in from a separate transformer outside the hospital, distinct from that which furnishes power to the rest of the building. The reason for this is not (as many think) because the x-ray consumes so much electricity but is to prevent fluctuations in the supply to the x-ray tube, such fluctuations are caused when other electrical equipment is started during an exposure. Any appreciable change in the finely adjusted technical factors will surely show on the finished radiograph—and spoiled films do cost money, as we shall see later.

4. *In relation to protection of patients and technicians from the hazards attendant upon radiologic service.* "Won't you please take us out of the basement" is many a technician's secret plea. In the early days of x-ray, we read of pioneer radiologists and technicians working in strange and unhealthy locations, setting up their equipment in airless, poorly lighted rooms, wherever space could be found. Further along in the same chapter, we almost invariably read of the hero's early death, usually from metastatic carcinoma caused by excessive exposure to x-rays. However, the poor working conditions were doubtless a major contributing factor. Even very small.

repeated doses of x-radiation do cause serious changes in the blood cells. For this reason, powerful x-ray apparatus should not be located adjacent to patients' bedrooms, unless some protective material such as sheet lead is incorporated in the separating wall. This also applies to protection of offices, laboratories, et cetera, which may be next to the x-ray room. The difficulty of shielding is obviated to a large degree if at least one long wall of the department has an outside exposure. Perhaps the ideal thing is to be situated in a wing with windows on three sides.

"But x-ray rooms should be dark," someone may think. That is, alas, a common opinion. However, it is wrong. Let us have plenty of windows and particularly good ventilation in those rooms which must be closed and darkened at times by means of lightproof window shades. Radiation causes ionization of the air and adequate ventilation is essential to the good health of both patient and staff. There are two good reasons for a bright, airy department—one, physiological, the other, psychological. It is true that the patient's frame of mind often affects the outcome of the examination, for the tense, nervous, patient finds it very difficult to co-operate and this may very well cause a poor radiographic result. A cheerful atmosphere is important, too, to the technician's morale. You may not realize it but x-ray personnel frequently have to work in tense situations. Their work is fascinating and, at the same time, can be most disheartening and exasperating when the films do not turn out well. It is a peculiar combination of art and science. The finished film is the only proof the technician has of his own skill and the good technician will be highly critical of his films. Though he may boil with wrath in the privacy of the darkroom, he must always emerge courteous, professional, calm, and alert to his patient's well-being. Usually it is easier to regain lost equilibrium amidst cheerful, sunny surroundings.

The location of the various parts of the department in relation to one another is most important. The darkroom should be adjacent to the radiographic and fluoroscopic rooms. Time and motion will be saved if the patients' dressing rooms are so placed that

they open on both the x-ray room and the corridor. Connecting doors and passages must be wide enough to allow for carriages and wheelchairs to pass through and be turned.

Equipment

In regard to equipment, the amount and type of apparatus will vary with the size of the hospital. Some very small hospitals carry on excellent service with a small mobile x-ray unit, table, upright cassette stand, and, of course, a well set-up processing room.

On the market now is an x-ray machine which can have parts added to accommodate additional work. The U.S. Department of Public Health has a set of specifications for x-ray equipment in hospitals of different sizes, in connection with the Hospital Construction Act. Equipment manufacturers are constantly engaged in research to find better and simpler ways of setting up x-ray apparatus; and there is stimulating competition amongst the various firms for making and marketing better equipment and accessories. We have

"The work of the x-ray technician is a peculiar combination of art and science."

found that one of the principal considerations in choosing between the various firms is the excellence and availability of their inspection and repair service. Do cultivate the acquaintance of your sales and service representative—he often proves to be the administrator's and technician's best friend.

No matter how much or how little x-ray work is done, a well-equipped darkroom is essential. The first rule in all darkroom work is absolute cleanliness and one of the main factors contributing towards this end is sufficient space. The processing tanks should be along one wall, the loading bench along the opposite wall, with sufficient space between to avoid splashing chemicals over the dry area. Various designs are acceptable for darkroom construction. The main point is that there be no light leakage from without and that the room be shielded from radiation. Lighting within the darkroom is supplied by means of suitable lamps with filters which absorb

those wave-lengths which would affect the sensitive emulsion of the films. The use of fresh film supply, fresh solutions, a good supply of clean water with temperature control, film hangers and cassettes in good repair, and an accurate interval-timer—all contribute to the perfection of the finished radiograph. According to the A.C.S. Manual, "Radiography begins and ends in the darkroom." Indeed it is perhaps the most important room in the department.

Supplies

Current supplies which must be kept up month-by-month consist chiefly of films and chemicals. In purchasing these, it is well to establish a routine procedure based on the average monthly or bi-monthly consumption. A wise rule is to order films always at the first of the month; if you know it takes 10 days for delivery of the order, keep on hand a reserve supply for 20 days. The technician should use older stock before fresh stock. This is easily controlled, as every package is marked with an expiration date: "Develop before . . . July, 1952", for example. Good or bad management here shows up on the auditor's balance sheet. An auditor recently remarked that in one small hospital he had discovered a supply of film—all outdated—representing a loss of almost \$1,000 to the hospital management. Quite evidently the purchasing agent and the technician had not bothered to compare notes; and, obviously, the technician had not tried to use up the old stock before the new.

Storage

"A special storage room, which is approved by the fire underwriters, shall be provided for films". This refers primarily to the finished radiographs which are filed away in paper envelopes. While modern film is of a slow-burning acetate base, there is still a certain fire hazard in the storage, over long periods, of thousands of films in paper envelopes. The room should have a steel fire-door and an efficient overhead sprinkler system. In our department we have such a room upstairs and a second room for recent films adjacent to the x-ray office. Even here, a fire hose is located just outside the door. Films are stored "on end" and not lying flat; this lessens the hazard from spontaneous combus-

(Continued on page 82)

A Message from the President

Resignation of the Executive Secretary

To the provincial hospital associations, to the Catholic hospital conferences, and to all other organizations associated with Canadian Hospital Council activities:

It is with great regret that the Board of Directors of the Canadian Hospital Council has accepted the resignation of Dr. L. O. Bradley who, for the past two years, has held the post of executive secretary and editor of *The Canadian Hospital*. "Brad", as he is known to his many friends from coast to coast and south of the border, relinquishes his work in the national field with corresponding regret. He has expressed repeatedly his deep satisfaction and pleasure in the work he was called upon to do on behalf of the hospitals across Canada. However, it is Dr. Bradley's wish to undertake again actual hospital administration; he is also motivated by the need to spend more time with his growing family. For these reasons he is severing his ties with the national body and has accepted the post of administrator at the Calgary General Hospital, effective in September of this year.

Under Dr. Bradley's vigorous leadership, the Council's organization has grown and new projects have been undertaken. Among the many tasks to which he has devoted his time and attention has been the launching of the extension course in hospital organization and management which is now well under way. As guiding spirit, he spurred on the compilation of the Canadian Hospital Accounting Manual which is almost completed. He represented the Council on the Defence Medical and Dental Services Advisory Board and was a member of a committee which has worked with the Civil Defence Health Planning Group in the development of civil defence health services for Canada, acting as chairman of the hospital sub-committee. Among other current activities, Dr. Bradley assisted in the formation of the Canadian Commission on Nursing and the preliminary organization of the Canadian Committee on Hospital

Accreditation.

On behalf of the Board of Directors of the Canadian Hospital Council and the hospital field at large, I tender to Dr. Bradley sincere thanks for his many accomplishments and extend to him the best possible wishes for his future success and happiness.

"Owen C. Trainor",
President.

* * * *

Traduction

Un message du Président

Aux associations provinciales d'hôpitaux, aux conférences des hôpitaux catholiques et à toutes les autres organisations associées aux activités du Conseil des Hôpitaux du Canada:

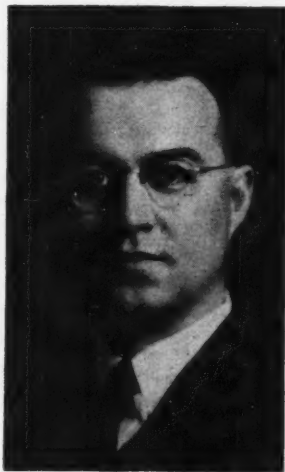
C'est à grand regret que l'administration du Conseil des Hôpitaux du Canada a accepté la démission du Docteur L. O. Bradley qui depuis deux ans détient le poste de secrétaire exécutif et d'éditeur de la revue *The Canadian Hospital*. "Brad", c'est ainsi

que le connaissent ses nombreux amis tant bien au Canada qu'aux Etats-Unis, quitte son travail dans le domaine national avec un regret non moins grand. Il a souvent exprimé le plaisir et la satisfaction que lui a fourni son travail en faveur des hôpitaux par tout le Canada. Toutefois, c'est maintenant le désir du Docteur Bradley d'entreprendre encore une fois l'administration active d'un hôpital; il sent aussi le besoin de donner plus de temps à sa famille. Voilà les raisons pour lesquelles il brise les liens qui l'unissent au groupe national et qu'il a accepté la position d'administrateur à l'Hôpital général de Calgary à partir du mois de septembre 1952.

Sous la direction éclairée du Docteur Bradley, l'organisation du Conseil s'est accrue et de nouveaux projets ont été entrepris. Parmi les nombreuses tâches auxquelles il a consacré son intérêt et son temps, nous comptons le lancement des cours d'extension pour l'organisation et l'administration des hôpitaux. Il a guidé et encouragé la préparation du Manuel de Comptabilité des Hôpitaux du Canada, déjà presque complété. Il a représenté le Conseil à l'administration des Services médicaux et dentaires pour le Défense et a été membre d'un comité qui a collaboré avec le groupe pour l'organisation pour la Santé (Défense civile) en vue du développement des services canadiens pour la santé et défense civile — ceci à titre de président du sous-comité sur les hôpitaux. Parmi d'autres activités actuelles, le Docteur Bradley a prêté son concours à la formation de la Commission canadienne sur les services d'infirmières, et à l'organisation préliminaire du Comité canadien pour l'Accréditation des Hôpitaux.

Au nom de l'administration, et au nom de tous ceux qui s'intéressent au travail des hôpitaux, j'exprime au Docteur Bradley nos sincères remerciements pour ses nombreuses contributions, et je lui offre pour l'avenir tous nos meilleurs vœux de succès et de bonheur.

"Owen C. Trainor",
Président.



L. O. Bradley, M.D.



A glimpse of the lovely north cafeteria, showing the raised lounge and, to the right, a section of one of the mezzanines which becomes a private dining room when the leatherette doors are closed.

Efficiency and Comfort in New Dining Area

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THE month of February, 1952, introduced an exciting new era to the Toronto Western Hospital as the doors of its long anticipated cafeterias opened for business. To the employees, lining up on that opening day, the big problem of the moment was the decision to make between roast beef and meat pie or, perhaps, apple pie and ice cream. However, all agreed that it was a delightful problem to have after many years of "no choice" meals.

For the administrative heads and dietitians there were more serious thoughts. This day was the fulfillment

of a long cherished dream—but it was also a challenge. Would this gleaming, stainless steel equipment prove to be the all-efficient food serving medium that endless hours of thought and planning had anticipated? Now, after several months of successful operation, we do feel that the challenge has been well met and the anticipation realized.

We have north and south cafeterias, separated by a common serving area. On the north side, we serve up to 1,600 meals daily to professional and semi-professional staff and visitors. In the south cafeteria, approximately 600 meals are served daily to non-professional and maintenance staff. This cafeteria is also used exclusively for snack periods and night dinner.

It is a beautiful room, this north cafeteria dining room and it can seat

316 people. Glass brick surrounds it on three sides, topped by easily opened panels of clear glass which give a glimpse of blue sky and green leaves. The fourth side is a partition which hides the serving counter from view. It is centred by a large mirror, framed in mahogany panelling.

Floor-length draperies enclose three sides of the room and are gaily patterned in chartreuse, chili red, "Wedgwood" blue, grey, and white. They give the keynote to the pleasing colour scheme carried out in the rest of the room.

As the photographs indicate, the dining room is on two levels. The central part is surrounded on three sides by raised sections which we call the east and west mezzanines and the lounge. Commanding the central, front

Miss Browne's description of the new cafeterias also appears in "The Journal of the Canadian Dietetic Association", June-July, issue, 1952.

position is the lounge with a grand piano in soft grey colour, several low mahogany coffee tables and corner tables, and upholstered arm chairs and chesterfields in wedgwood blue, chartreuse, and chili red. It is indeed a very luxurious spot in which to enjoy an after-dinner cup of coffee or a cigarette.

The mezzanines contain tables and chairs and are enclosed by a bronze railing upholstered in chili red, washable leatherette. The far end of each mezzanine may be shut off from the rest of the dining room by two chili red manifold leatherette doors. Thus it is possible to hold private dinners or luncheon conferences at any time.

The entire raised part of the dining room is carpeted in a carved wedgwood blue rug, with runners extending around the edges of the hardwood floor in the lower central part. Walls and pillars are soft grey in tone and the ceiling is grey and chartreuse, with four sections of egg-crate lights in the centre. The rest of the room has pin-point lighting.

The pedestal tables have formica tops in mahogany colour and will seat two, four or six. Matching chairs have chartreuse leather seats.

A description of the dining room would not be complete without mentioning our china with its wedgwood blue band and hospital crest, designed to blend gracefully into the colour

scheme. As a final touch, soft music floats into the room through concealed speakers from a combination radio and record player.

South Cafeteria

Very attractive, though less elaborate, is the south cafeteria dining room which seats 168 people. Here again, there is glass brick on the two outside walls with windows which open above. Walls are cream-coloured and draperies are of checked homespun in shades of green, blue, yellow, beige, and chili red. To add a note of interest, boxes of multi-coloured foliage brighten the centre of the room. The floor is terrazzo and tables are similar to those in the other cafeteria. The blonde-coloured chairs have seats of chartreuse and chili red leather.

Serving Counters

Since serving counters in both cafeterias are fairly similar, it will be sufficient to describe the north counter which is shown in the photograph. All equipment is of stainless steel.

The north counter is 42 feet in length and has a stainless steel shelf extending above it for 26½ feet, from the cold section to the end of the hot section. The glass extends down from the shelf to within 8¾ inches of the cold counter and 1¾ inches of the hot table.

The counter is set up in the following order. Rolls, bread, and sandwiches

come first, followed by desserts, ice cream, butter, salads, and fruit juices. The hot counter is next, with soup in the last of its seven sections. Finally, we have beverages, serviettes, and silverware.

Let us now start at the beginning of the counter and study it in detail. The customer takes his tray from one of the double set of tray lowerators, each of which holds 60 trays. As one tray is removed, another rises up in its place due to calibrated spring action. Directly behind the lowerators is a roll-up window through which trays are passed when refills are necessary.

Supplies of bread and sandwiches are kept in two large drawers below the cold counter. Hot rolls and muffins are kept in two adjacent drawers, supplied with temperature and humidity controls and called food and roll warmers. The first lower pass-through cupboard, at the back of the counter, is used to hold a supply of plates for serving these foods.

As the customer reaches the desserts, he finds fresh fruit, canned fruit, soft desserts and pie or cake, arranged in a colourful display on the counter. Refills for these desserts are kept in compartments below the counter and in the second upper and lower pass-throughs, which are refrigerated. Any foods such as bananas may be kept in the first upper pass-through which is



The north cafeteria, from the lounge. At the far end, the large mirror, framed in mahogany panelling, decorates the partition which separates the serving counter from the dining area.

at room temperature. There are also three open shelves below the counter for storage of desserts and dishes.

Next in line are two compartments in the counter for ice cream and two for sauces. Directly in front of the latter is a small well with running water for the ice cream scoops.

The cold table for salads, fruit juices and butter is adjacent to this and is kept filled with ice during the meal. A crisp salad plate or a glass of fruit juice resting on freshly chipped ice has a special appeal, particularly on a warm day. Extra supplies of these commodities are easily available in refrigerators below the counter and in the third upper and lower pass-throughs.

The customer now reaches the electric hot table with space for seven large pans of hot food. We also have a supply of $\frac{1}{4}$ -, $\frac{1}{2}$ -, and $\frac{3}{4}$ -sized pans so that it is possible to serve a greater variety of foods if desired. Each section has its own temperature control at

the front so that it may be changed at any time without disturbing the pans.

The supply of dinner plates is very handy in a mobile plate lowerator which plugs into the hot plate. Soup bowls and egg cups are kept in a heated compartment below the table.

Hot food refills are brought by elevator from the main kitchen in heated trucks and placed in the six pass-through thermatainers situated to the left of the pass-through refrigerators as shown in the photograph. Temperature and humidity can be regulated to suit the food being stored.

The customer now reaches the refrigerated milk lowerator in which 288 paper cartons of milk can be stored. This lowerator is covered by a stainless steel lid when the cafeteria is not in use. Extra supplies of milk, stored in baskets to fit the lowerator, are kept in the fourth upper and lower refrigerated pass-throughs behind the cold counter.

A short distance from the milk is

a heated lowerator for cups and two for saucers. The cup lowerator holds seven baskets of sixteen cups each. These baskets are constructed so that they go through the dish machine, thus eliminating unnecessary handling.

Only the taps of the coffee and hot water urns are visible on the counter side of the cafeteria — 2 for coffee, 1 for hot water. Below the taps are shelves for tea pots.

The cafeteria has two rotary gas toasters behind the beverage counter. (One of these can be seen in the photograph.) Below each toaster are two large drawers for bread storage. There is a heated cupboard with sliding doors, adjacent to the toasters, for storage of hot plates for toast, extra saucers, and hottles.

Just in case the word "hottle" has you puzzled, let me explain. It is a glass bottle with a small opening at the top which holds two cups of coffee. The neck of the bottle has a colourful band of red or yellow plastic, making



The serving counter for the north cafeteria is 42 feet of gleaming stainless steel.



These three views of the serving area shows

Above—the salad and sandwich preparation section.

Centre — the dishwashing unit.

Below—an over-all view of the entire area.

it possible to pick up the bottle without burning the fingers. These bottles have no lids, yet keep coffee hot for those who enjoy it at the end of the meal.

The customer now takes his serviette from a dispenser and picks up the silver he requires from removable silver baskets set into the counter. The checker hands him his bill which he pays, on leaving the dining room, at the cashier's desk. The water station is just beyond the checker and, with his tray now complete, the customer is ready to enjoy his meal in the lovely new dining room.

Serving Area

The one part of the cafeteria that we have not mentioned is the serving area between the two counters. The photograph will show the general layout of this room.

As supplies come up on the elevator, a landing table just inside the area is there to receive them. A small pantry to the right of the elevators is used to store staples. Hot foods, of course, are put directly into the pass-through thermotainers.

There is also a large serving table with cupboards and shelves in front of the north pass-through refrigerators. Two mobile tables with shelves give us additional space for serving foods at the busy periods.

The salad table can be seen clearly in one of the photographs. At the left

side are two containers for partly prepared vegetables such as heads of celery or lettuce. Between the two sets of cutting boards are two sinks for salad preparation and an opening for garbage. The refuse falls into a pail which may be removed by opening the left door.

When salad materials are ready for assembling they are placed in refrigerated pans in the centre of the table. Various sized pans may be used here, as at the hot table. The centre and right hand doors below the table open into refrigerated compartments where extra salad materials may be stored.

Salads are made up on plates taken from one of the mobile cold plate lowerators visible in the picture. The finished products are placed on shelves at the end of the table and later transferred to the pass-through refrigerators.

The coffee urns for the north cafeteria are to the right of the dish machine, and as mentioned before, only the taps are visible on the counter side. The large centre urn holds 15 gals. of boiling water and there is an 8-gal. coffee urn on either side of it. The south cafeteria has one 15-gal. hot water urn and one 8-gal. coffee urn situated to the left of the dish machine.

Finally we come to the dish machine itself and its general set-up may be

seen in the picture. We will now trace the path which the soiled dishes take after the customer has departed.

The bus girl lifts the tray from the table to a rack of her truck which will hold ten trays. When the truck is filled she wheels it to the dish machine, sets the tray on the rail and puts any paper goods in the garbage pails. On the upper slanting shelf are 3 baskets, one for cups, one for glassware, and one for silver, and she proceeds to fill these baskets as directed. This upper shelf is provided with drains to remove any excess liquids. The bus girl places all other dishes on the lower soiled dish counter.

The dish machine operator stands between the first and second soiled dish tables which are connected by a sliding bridge. He passes the baskets of glassware to the glass machine counter, which is directly behind the dish machine. He lifts the baskets of cups and silverware from the upper shelf to the machine using the sliding bridge when necessary. He also stacks all dishes and trays on the lower counter into baskets and puts them through the machine.

The dishes are pre-rinsed by a hose and then enter the washing compartment which contains the detergent. The temperature is thermostatically controlled at 140°F. Entry of a second basket forces the first into the rinsing compartment at 170°F. The basket then pushes a lever which releases the final rinse at 190°F. Finally, a dish machine operator pushes the basket as far as possible along the clean dish table and allows the dishes to dry for 60 seconds before stacking.

The glass machine works on the following principle. The glasses are pre-rinsed in a small sink. They are then ready for action by the detergent as the operator holds them inverted over two revolving brushes. Next the glasses are placed in a wire basket, which when filled is put into a sterilizer covered by a sliding door. The temperature reaches 190°F, and the machine then turns itself off automatically. The glasses are allowed to air-dry for sixty seconds and emerge clear and sparkling.

Yes, February 1952 did usher in happy days for the Toronto Western Hospital for the new cafeterias have made work and leisure time more pleasant for us all.

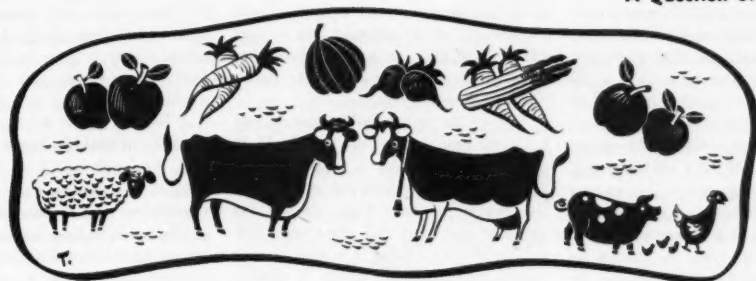
Flavour Speaks for Quality

In an address presented at the Canadian Dietetic Association convention, last year, Ernest C. Crocker of the Arthur D. Little Inc., Cambridge, Mass., described dietitians as "salespeople, selling nutrition". Mr. Crocker's topic was "Flavour speaks for Quality" in which he stressed the importance of flavour in the enjoyment of foods and the necessity of developing a consciousness of how to employ flavour more effectively.

Of the five senses, those of touch, taste, and smell are used mostly for flavour perception. The term "taste" includes a true taste, detected by the tongue, mouth-feel, observed anywhere in the mouth region; and odour, detected in the nasal cavity or sniffing scented air. The components of taste stimuli in true taste are sweet, salty,

sour, and bitter. A type of seasoning that combines three taste components (sweet, salty, and bitter) is monosodium glutamate. This may be added to practically any cooked food to heighten the total flavour without its own taste being noticeable.

Although all the senses are delicate and responsive, that of smell is sensitive in the extreme. All pleasant odours have in them unpleasant odours and some odours with unpleasant associations, may have sweet components. Odours and tastes associated with unhappy experiences are unwelcome and even fundamentally unpleasant odours and tastes may be welcome because they recall some happy past experience. The human senses of taste and smell, as used in food judging, in laboratory or by consumers, are dependable and reproducible. ●



THE GRADING of foods as practised in Canada today is the result of continued effort over many years. It did not happen by chance nor did it become effective over night. This system of selling foods according to quality has developed from the embryonic days when some producers in various parts of the country, with top quality products to sell, felt that they should be receiving higher prices than were being paid for inferior products. Sound reasoning it was on their part and logical, too, that persons buying food products should be assured of the proper quality for price paid. So it was that, backed by the producer and the trade through which farm products were sold to the public, grading steadily progressed until today government regulations respecting the grading of foods applies to many products originating on Canadian farms.

As might be expected, buying foods on a quality basis appealed to customers in other lands, and it is understandable that certain products destined for export markets were the first to be graded. However, an appreciation of the value of grading irrespective of where the foods are bought or sold has resulted in the extension of the system to many products traded on the home market. It is true that not all of the foods for which the producer receives payment on the basis of grade follow through as graded products to the person who buys in the retail store. Some products lose their grade identity either at wholesale or retail level. Apples, for example, are graded when packed and the closed containers are stamped accordingly, but when these same apples are removed from the containers they can be sold without reference to grade.

Are You Familiar With Canada's Food Grades?

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Establishing grades for foods is not a simple matter, for what constitutes quality in one food does not in another. In the case of processed foods such as butter and dehydrated apples, which must conform with lawful standards of composition, the grades represent the various qualities of the product within the prescribed standard. The standard for butter is that it must contain not less than 80 per cent of milk fat and not more than 16 per cent of water. The maximum moisture content of dehydrated apples allowed is 22 per cent. On the other hand, with such primary foods as beef, poultry and eggs, grades are determined on the product as it is marketed.

It should be pointed out that the regulations pertaining to grading, as enforced by the Canadian Department of Agriculture, apply to products intended for export or sold out of the province where they are produced or processed. The regulations do not

apply to the same products sold within the province of origin unless similar regulations are established by the province. The province is responsible for such grading but, in some cases, federal graders and inspectors act in a provincial capacity.

Grading of Butter

Creamery butter is sold entirely by grade in every province except, to date, in Newfoundland. This holds true for both Canadian-made and imported butter. It can be seen from the scale of points used in grading butter that all factors having to do with making or marring its quality are included and that the importance of flavour is fully appreciated. The total of 100 scoring points is broken down as follows: flavour, 45 points; texture, 15; incorporation of moisture, 10; colour, 10; salting, 10; packing, 10 points. "First Grade" butter, the highest grade, has a minimum total score of 92 with a minimum score of 39 for flavour. Second grade has a minimum total score of 87 with a minimum of 37 for flavour, and third grade, a total score of less than 87 with a score for flavour of less than 37. Below third grade is any butter inferior to third grade.

Grading of Cheese

Canadian cheddar cheese, both white and coloured, is graded, but grading does not apply to cheese made from skim milk nor to processed cheese or to any specialty cheese made in Canada. Flavour and texture largely determine the grade of cheese, although such points as colour and finish are also taken into consideration. Like butter, 45 points are allowed for flavour, first grade cheese scoring at least 39 points, and 92 out of a total of 100 points. Since nearly all Canadian cheddar cheese is made in two prov-

inces and much of it is exported, practically all cheese is graded; and knowing Canada's reputation for fine cheese, it is not surprising to find that well over 90 per cent come up to first grade quality. Cheese is cured or ripened to develop flavour and is usually sold according to age as new (mild) which must be at least 90 days old, medium, and old (nippy or tangy). Due to cost of storage while cheese is ripening, aged cheese sells at a higher price than new cheese. It has been the custom to press each cheese, which ordinarily weighs about 90 pounds, into a cylindrical shape and encase it in cheese-cloth. A recent development is to press the cheese in 40- to 60-pound blocks and use a translucent air-sealed wrapping. This new method eliminates waste in cutting the cheese, and also seems to retain the moisture in the cheese. If buying Canadian cheddar cheese in quantity, it is good practice to stipulate that it be first grade quality and of the flavour desired.

Grading of Dry Skimmed Milk

Regulations are now in force covering the grading of dry skimmed milk. The two qualities are first grade and second grade which apply to powder made by either the spray or roller process. It is well to buy first grade skim milk powder and, where complete solubility is required, powder that has been made by the spray process. Since complementary provincial legislation is not yet in effect, powder sold in the province where it is processed does not have to be graded.

Grading of Eggs

Everywhere in Canada eggs are sold according to grade. If the eggs are packed in cases the grade will be indicated on the end of the case; if packed in cartons, on the top of the carton. "Grade A" is the top quality available in quantity on all markets. In grading eggs, aircell size, shape and position of yolk, cleanliness of shell and shell structure are all considered. The aircell in a grade A quality egg must not exceed $\frac{3}{16}$ of an inch and the yolk must be only slightly visible. Grade A eggs are sized by weight as follows: extra large size, weighing 27 ounces or more per dozen; large, 24 ounces and up; medium, 21 ounces up to 24 ounces; small, 18 ounces up to 21 ounces. Grade A "Peewee" takes in all eggs under 18 ounces per dozen. The lower quality grade B eggs must

weigh at least 21 ounces per dozen, but grade C eggs can be any weight. From the standpoint of price, grade A eggs of one size may be a better buy than those of another size, but this varies with the time of year.

During the months when egg quality is at its best and production is high, quantities of grade A eggs may be oiled and put in storage to supplement the supply of fresh eggs during the summer and early fall when egg production drops. Oiling is a new process which maintains the grade A quality of the eggs in storage, so that they are satisfactory to use for all purposes.

For the past four years frozen whole egg has been graded and practically all of this frozen product rates grade A, which conforms to a minimum solids content and maximum bacterial count.

Grading of Fruits and Vegetables (canned, frozen, dehydrated)

"Fancy Quality", "Choice Quality", and "Standard Quality", are familiar grade marks because practically all canned fruits and vegetables are packed in government inspected plants, which means that these products must be graded as to quality and labelled accordingly. Frozen, juiced and dehydrated vegetables, by the same token, are graded as fancy quality and choice quality. Canned or other processed fruits and vegetables imported into Canada must similarly comply with these grading regulations. Desirability of colour and flavour, uniformity of size, degree of maturity, clearness of liquid are the main points on which the grade of the product is determined. So it is that the grade mark clearly printed on each container of processed fruit or vegetable makes it possible to buy "sight unseen" the desired quality of product. The fact should not be overlooked that, as with other processed foods, there are government standards which apply to all grades of

the same foods. In other words, in two cans of peaches of the same size there will be an equal amount of fruit in each, irrespective of whether one can contains fancy quality peaches, the other standard quality. Not only is there a standard for the contents of the can but for the can itself. Generally speaking, five standard sizes of cans are used for all fruits and vegetables, with the exception of a few products including asparagus, whole kernel vacuum-packed corn, also fruit and vegetable juices, for which special sizes are allowed. The standard sizes of cans are 10, 15, 20, 28, and 105 fluid ounces. Each frozen fruit and vegetable is packed in a container having a prescribed net weight.

Fresh Fruits and Vegetables

As with other products, fresh fruits and vegetables sold in the province in which they are grown come under provincial regulations in respect to grade. Such regulations are not as yet in effect for all fruits and vegetables produced in every province; but where grades have been established they are similar to the federal grades which apply to products shipped from one province to another. With few exceptions, the same grades now cover a fruit or vegetable packed in any type of standard, closed container. However, the grades are not the same for all products. For example, apples are graded "extra fancy", "fancy" and "C", while the grades for potatoes are Canada no. 1 and Canada no. 2. Points considered in grading fruits and vegetables naturally vary with the product but, in the main, they include maturity, soundness, colour, shape and size.

Grading of Honey and Maple Syrup

Honey produced in Canada and shipped inter-provincially must be graded as to quality and classified as to colour; and a large proportion of honey sold in the province where it is produced is similarly graded and classified. In order of quality the grades for honey are numbers 1, 2 and 3; and the colour classes white, golden, amber and dark. The grades apply to each of the four colour classes.

The grading of maple syrup is optional but all that is produced in the province of Quebec (representing about 80 per cent of the total Canadian make) is now sold according to grade as Canada—fancy, light, medium or dark. The most common way



P.C.

of selling maple syrup has been in the gallon (Imperial) tin containing 13 lbs. 2 ounces minimum net weight of syrup. It has also been sold in glass bottles and is now available in tin cans which hold 26 ounces of syrup.

Grading of Meats

It is well to know that all meat shipped from one province to another must have been slaughtered in inspected packing plants. In these plants, which must meet strict sanitary requirements, each carcass is carefully inspected by government inspectors, following which the meat, if found to be wholesome, is marked "Canada Approved". A carcass of meat must bear this stamp before it can be graded. Although there is provision for grading beef, pork, lamb, mutton and veal, as yet, in terms of significant volume, beef is the only meat handled through inspected plants which is sold on a graded basis. In the metropolitan area of Vancouver under provincial regulations, all beef must be sold according to grades which are grade A (choice or "Red" brand); grade B (good or "Blue" brand); grade C (commercial); and grade D (utility). In all other areas throughout Canada the grading is optional; and it is only the two top qualities, namely, grade A and grade B, which are sold by grade at the wholesale or retail level. Beef meeting either of these grades is of first class eating quality. The chief difference between grade A and grade B beef is that the latter carries less fat and may have a slightly lower proportion of meat to bone. A ribbon-like band running the full length of the side of beef so that it appears on each individual cut denotes the grade, a red band indicating grade A, a blue band, grade B. The grade of beef to some extent is related to cooking quality. It is found that certain cuts of top grade beef are suitable for roasting while the same cuts of lower grade beef require to be cooked by moist heat. In the event that graded lamb or veal is made available, it is an advantage to know that the grades for both these meats in order of quality are grade A, grade B, grade C and grade D. The weights of veal and lamb carcasses are associated with the quality of the meat. Veal carcasses weighing between 80 and 175 pounds, and lamb carcasses between 35 and 50 pounds are most desirable. In the case of pork, both fresh and smoked (although all carcasses of hogs

slaughtered at inspected establishments are graded for settlement to the producer), this grading does not follow through to the ultimate buyer of the meat. The reason is that the amount of fat on the carcass largely determines grade quality and, since the cuts can be trimmed of excess fat, pork of original varying carcass qualities can be made fairly uniform before leaving the packing plant.

Incidentally, the government grading service is available in all inspected plants in Canada, for all qualities of beef, veal, lamb and mutton, and any carcasses may be graded at the option of the buyer and seller.

Grading of Poultry

The two principal grades of dressed and eviscerated poultry are grade A, which is indicated by a red tag on the breast or wing of the bird, and grade B, which carries a blue tag. Grade A birds are perfectly formed, well-fleshed and especially fattened for tenderness and flavour. Grade B birds may not

have the same appearance but they carry enough fat to cook satisfactorily and, considering meat yield, may be a good buy. The sale of poultry by grade is now compulsory in most of the larger cities throughout Canada. Eviscerated poultry, which is all handled in inspected plants is becoming quite popular due to the fact that time and labour is saved in preparing the birds for cooking, also because the possibility of visceral taint is eliminated.

The production and marketing of foods is big business in Canada and the grading of foods is a big factor in its success. Well-trained graders are continually at work determining the quality of foods on the basis of established grades. A number of mechanical devices are used but grading will never become completely mechanical. Knowledge of the product and skill in applying it will always be a feature of grading. Similarly, knowledge of the grades of the products should always be a feature of buying, for grading is a question of quality.

* * * *

Traduction

Une Affaire de Qualité

CONNAISSEZ-VOUS bien les catégories d'aliments au Canada?

Le classement des produits alimentaires, tel qu'il se pratique maintenant au Canada, n'est pas l'effet du hasard. Il n'a pas été implanté comme ça du jour au lendemain. Ce fut d'abord l'idée de quelques producteurs désireux de vendre à meilleur prix des denrées d'une qualité vraiment supérieure. Fort logiquement, ils ont cru que le consommateur consentirait à payer d'avantage pour un produit de tout premier choix. Ce sont des tentatives comme celles-là qui, appuyées par le temps et les hommes, ont donné naissance aux lois gouvernementales qui régissent aujourd'hui le classement de la plupart des denrées produites sur les fermes canadiennes.

Comme bien l'on pense, ce sont les clients étrangers qui les premiers eurent recours au mode d'achat d'après la qualité. Toutefois, le système avait tellement de bon sens qu'on l'a vite adapté aux besoins du commerce domestique. Il faut cependant recon-

naître que, même si le producteur est payé selon la catégorie, le classement original ne se prolonge pas nécessairement à tous les échelons du commerce. On en a un exemple avec les pommes soumises au classement lors de l'emballage mais trop souvent livrées au consommateur sans égard à la catégorie.

La détermination des catégories est loin d'être toujours simple, les facteurs de qualité variant d'un produit à l'autre. Tantôt le classement est basé sur des normes de composition: un minimum de 80 pour cent de gras et un maximum de 16 pour cent d'eau dans le beurre, par exemple. Tantôt, le classement est fait au fur et à mesure que le produit s'achemine vers le marché, comme dans le cas du bœuf, des oeufs et des produits avicoles.

Les règles de classement mises en vigueur par le ministère fédéral de l'Agriculture s'appliquent aux produits destinés au commerce international ou interprovincial. Elles ne s'appliquent pas aux denrées vendues à l'intérieur

de la province d'origine; c'est du gouvernement provincial concerné que relève alors le classement, sauf en certains cas.

Classement du beurre

Le beurre de fabrique se vend classé dans toutes les provinces sauf Terre-Neuve. La règle s'applique tant au beurre importé qu'au beurre canadien. L'échelle de pointage employée tient compte de tous les composants de la qualité aussi bien que de la saveur. Le pointage global de 100 se répartit comme suit: saveur, 45 points; texture, 15; incorporation d'humidité, 10; couleur, salage et emballage, 10 points chacun. Pour la première qualité, le pointage minimum global est de 92, le minimum de la saveur étant de 39 points. Le beurre de deuxième qualité a un pointage minimum de 87 points, un minimum de 37 pour la saveur et celui de troisième qualité, un pointage total inférieur à 87 et inférieur à 37 pour la saveur.

Classement du fromage

Le fromage cheddar canadien, blanc ou coloré, se vend classé. Le classement n'est pas applicable au fromage de lait écrémé, ni au fromage fondu, ni à aucun fromage spécial fabriqué au Canada. La saveur et la texture déterminent pour une bonne part le classement du fromage; viennent ensuite la couleur et le fini. Comme pour le beurre, la première qualité comporte un minimum de 39 sur 45 points pour la saveur et, dans l'ensemble, un minimum de 92 sur un total de 100 points. A peu près tout le fromage canadien est classé et plus des neuf dixièmes entrent dans la première catégorie. Le fromage est mûri afin d'en développer la saveur et vendu, suivant la période depuis laquelle il a été fabriqué, sous les appellations de frais (doux), âgé de 90 jours, medium, et vieilli (piquant). Vu les frais d'emmagasinage, le fromage vieilli se vend plus cher que le fromage frais. Depuis longtemps, le fromage est pressé en meules de 90 livres enveloppées d'un coton spécial. Dernièrement toutefois, on a commencé à fabriquer des blocs de fromage de 40 à 60 livres, revêtus d'une enveloppe transparente et imperméable à l'air. La nouvelle méthode élimine le gaspillage causé par le découpage et semble aussi conserver l'humidité du produit. Il y a avantage, en achetant le fromage cheddar canadien, à demander un fromage de

première qualité et à préciser la saveur désirée.

Classement du lait écrémé en poudre

Le lait écrémé en poudre compte maintenant deux catégories, les premières et deuxième qualités, qui s'étendent à la poudre fabriquée d'après les procédés de la pulvérisation et du cylindre. Il y a avantage à acheter le lait écrémé en poudre de première qualité. Si l'on a besoin d'un produit entièrement soluble, on demande la poudre fabriquée selon le procédé du pulvérisation. Comme il n'existe encore aucune loi provinciale en marge de la réglementation fédérale, la poudre vendue dans la province d'origine n'est pas assujétie au classement.

Classement des oeufs

Partout au Canada, les oeufs se vendent classés. S'ils sont emballés en caisse, la catégorie doit être indiquée sur l'extrémité de la caisse et s'ils sont emballés en carton, sur le dessus du carton. La catégorie A est la plus élevée. Le classement tient compte de la chambre à air, de la forme, de la position du jaune et de la propreté, ainsi que de la structure de la coquille. Chez les oeufs de catégorie A, la chambre à air ne dépasse 3/16 de pouce et le jaune n'est que légèrement apparent. Les oeufs de catégorie A sont répartis de la façon suivante d'après le poids: catégorie extra gros, pesant 27 onces ou davantage la douzaine; gros, 24 onces et davantage; moyens, 21 à 24 et petits, 18 à 21. La catégorie A, "peewee", s'applique à tous les oeufs pesant moins de 18 onces la douzaine. La catégorie B pèse au moins 21 onces la douzaine mais les oeufs de catégorie C peuvent avoir n'importe quel poids.

Pendant les mois de forte production et de qualité maximum, on peut traiter à l'huile une certaine quantité d'oeufs de catégorie A et les emmagasiner, afin de compléter les approvisionnements d'oeufs frais pendant l'été et le début de l'automne. Le traitement à l'huile conserve aux oeufs emmagasinés la qualité de la catégorie A et permet de les utiliser à toutes fins.

Classement des fruits et légumes

Les légumes de fantaisie, de choix et réguliers sont bien connus parce que mis en conserves et emballés dans des établissements inspectés par le gouvernement et soumis aux règles du

classement. Les légumes congelés, déshydratés, ainsi que les jus de légumes sont également classés de fantaisie et de choix. La catégorie se détermine surtout par l'excellence de la couleur et de la saveur, l'uniformité de la grosseur, le degré de maturation et la clarté du liquide qui accompagne le produit. La déclaration de catégorie clairement imprimée sur chaque contenant permet donc d'acheter la qualité voulue sans voir le produit lui-même. A remarquer, par ailleurs, que d'autres normes s'appliquent à toutes les catégories du même produit alimentaire. Deux boîtes de pêches de même grosseur contiendront, par exemple, une quantité égale de fruits, même si les pêches de la première sont de qualité de fantaisie et celles de la deuxième, de qualité régulière. Il existe des normes non seulement pour le contenu mais pour le contenant. D'une façon générale, on trouve cinq grosseurs de boîte sauf pour les asperges, le maïs en grains entiers emballés sous vide et les jus de fruits et de légumes pour lesquels des boîtes de capacité spéciales sont autorisées. Les capacités régulières des boîtes sont de 10, 15, 20, 28 et 105 onces liquides. Chaque fruit ou légume congelé est emballé dans un contenant dont le poids net est fixé par règlement.

Classement des fruits et des légumes frais

Comme pour les autres produits, les fruits et légumes frais vendus dans la province où ils sont produits sont visés par les règlements provinciaux relativement aux catégories. Celles-ci, appliquées différemment selon les provinces, sont semblables aux catégories fédérales visant les produits expédiés d'une province à l'autre. Le plus souvent, les mêmes catégories servent aux fruits ou légumes emballés dans des contenants fermés. Toutefois, les catégories peuvent changer de noms suivant les produits. Par exemple, le classement des pommes est le suivant: extra de fantaisie, de fantaisie et "C," tandis qu'aux catégories pour les pommes de terre sont Canada No. 1 et Canada No. 2. Les facteurs considérés comprennent ordinairement la maturité, le bon état, la couleur, la forme et la grosseur.

Classement du miel et du sirop d'érable

Le miel produit au Canada et expédié interprovincialement doit être

(Suite en page 82)

The Frankfurter—

A Dog with Nation-wide Appeal

TUCKED away in an oven-browned bun, dripping with tangy mustard or relish, the juicy, delicious frankfurter has so long enjoyed the affectionate sobriquet of "hot dog" that some people hardly remember its real name. The sausage family, of which the frankfurter is the most popular member, is of such ancient and honourable origin that it dates back farther in the world's history than any dynasty in Europe. In fact, if any article of food can be called aristocratic because of long lineage and centuries of homage from king to peasant, sausage certainly deserves that name. Worldly wise gourmets, proud of their knowledge of wine and cheese, are also not above boasting of what they know about fine sausage and how to serve it.

History records the making of sausage long before the modern era.

Soon after people learned to apply heat to food materials, they must have hit upon the idea of grinding up meat and curing it with the addition of salt and spice. The very word "sausage", according to a dictionary, comes from the Latin *salsus* meaning salted. The next step was to stuff the mixture into the intestines of various animals, with the result that the ancients had a flavourable, well preserved food.

During the Middle Ages, sausage-making flourished and branched out into the many varieties known today. Usually they were named for the cities where they were manufactured—frankfurters from Frankfort, wieners from Vienna, bologna from Bologna, goteborg from Gothenburg, and so on. A process that may have grown out of necessity proved so pleasing that civilized man has not given up but

rather has applied his talent and increasing knowledge to its enlargement and improvement.

Classification

Sausage may also be classified according to the way it is made.

Uncooked: Pure pork sausage, which must be thoroughly cooked before eating. This kind comes in links, skinless, bulk or patties, and is tasty with waffles, pancakes, or eggs, for breakfast and other meals.

Fresh or Smoked: The difference between this and uncooked pork sausage is that the meats are highly seasoned, then stuffed into casings and smoked and cooked. Frankfurters, bologna, and liver sausage belong to this group and are wonderful for sandwiches.

Fancy (Dry or Semi-Dry): This group is still more highly seasoned and cured by a drying process which not only brings out the nuances of flavour but preserves the meat for a longer time. They require no preparation but are ready to eat and make delightful canapes, sandwiches or flavourful additions to cooked dishes. Examples are Salami, Cervelet, and Mortadella.

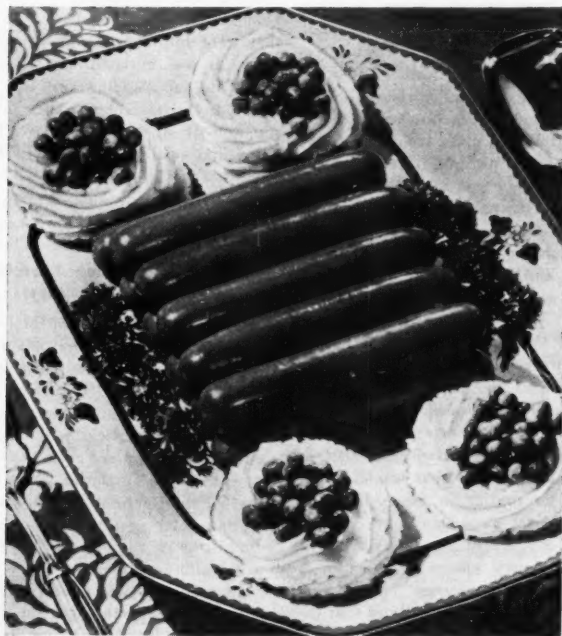
Loaf or Luncheon Meats: Sometimes referred to as cooked specialties. This includes pressed ham, various meat loaves and head cheese.

Casings

All varieties of sausage are packed in casings which seal in flavour and make them easy to serve. With few exceptions all type are encased in either animal or artificial casings. Animal casings are made from the cleansed and processed intestines of hogs, sheep, or cattle, and artificial casings are made of a vegetable cellulose product. The casing increases ease of handling, eliminates undue breakage, and ensures absolute cleanliness and wholesomeness. They are also easy to peel off and there is no waste.

The frankfurter, made up of about 60 per cent cured beef and 40 per cent cured pork, leads the popularity poll in these types of meat, with the skinless processed "dog" being in top demand. About 32-foot lengths of cellulose casings are used in this process and are stuffed with the chopped meat and seasonings, linked, cooked, and smoked. Then the casings are peeled and the unlinked sausage is

(Concluded on page 100)



Courtesy the Visking Corporation

Eye-appealing and delicious.

HOSPITALS are always searching for methods which will improve patient care and efficiency of operation. Any change for the better in regard to food service is an objective and tangible improvement which patients can appreciate.

Our hospital's most recent development in food service has been extremely well received, with favourable comments from both patients and staff. It is a change from the old traditional and accepted routine of serving the dinner or hot meal at noon, with supper in the evening, to the policy of having luncheon at noon and the heavy or hot meal in the evening.

There were several considerations which finally resulted in this change of policy. First of all, it was agreed that hospital routine should conform to the patient's ordinary, normal day as much as possible. In regard to meals, it was clearly established that most people, under present working and living conditions, are accustomed to having their heavy meal or hot meal later in the day.

The timing of meals concerned us in our search for improvement, particularly the fact that supper might be served anywhere from 4:00 to 4:30 p.m. This was a definite alteration in a patient's usual home routine and, as a result, he was hungry in the early evening and complained that he had difficulty in settling down for the night.

We also found a tendency to rush the serving of the noon hour dinner, because of the limited time available, due to ward rounds, clinics, teaching, visiting hours, et cetera. From experience, it was found that it was easier to plan a lunch at noon which would be acceptable to the patient than to serve the same food as the last meal of the day.

We had often had requests from patients that the supper meal be served later in the day and it was our opinion that this procedure would result in less desire and need for extra evening nourishment.

Thus, approximately three years ago, in connection with other changes in routine, arrangements were made to serve lunch at noon and dinner at night in the interns' and nurses' dining rooms. This change was met with ready acceptance by both groups. Arrangements were also made for nurses on shift to have the choice

of having their hot meal either at noon or in the evening. It was found that if left to choice, the nurses invariably selected a lighter meal at noon and a hot meal in the evening.

The contemplated change in food service routine throughout the hospital was discussed first of all with the heads of the various medical services, through the medical advisory board, to determine the reaction of the medical staff to the plan, from the standpoint of the patients' treatment and welfare. There was unanimous agreement that it would be a step forward.

The plan was then discussed with the nursing staff. There was hesitation at first and some concern that serving dinner as the evening meal would take longer because there was less staff at that time of day. There was also some worry about the ward pantry routine and the possibility of delay in collecting and washing dishes. After a staff conference, attended by nurses and dietitians, it was decided that in order to ascertain what would be involved the routine on one medical and one surgical ward should be changed as an experiment for one day. This trial was very successful. The nurses on the wards concerned reported that the patients were pleased and that the evening meal was served without delay. The nurses also reported that if the service were properly organized, no

Why Not Serve Dinner At Night?

J. E. Sharpe, M.D.,
Superintendent,

Margaret Ketchen, B.Sc.,
Director of Nutrition,
Toronto General Hospital,
Toronto, Ont.

additional staff would be required.

With these reports and the agreement of the nursing staff, it was decided to inaugurate the change on all wards in all three kitchens, including that of the Wellesley Division, on the same day. This change in routine has been in effect now for some months. The evening meal, which is dinner, is now served at 5 p.m. Both patients and staff have expressed their unanimous approval of the change and their unqualified satisfaction.

The reorganization of services was not only required on the wards, of course, but also in the kitchens and ward pantries. Here, again, the ready co-operation of the staff and their interest in promoting the welfare of the patient was obvious. Some of the changes which were necessary involved arranging for a larger percentage of the staff, particularly the chefs, to be employed later in the day. The time of preparation of salads, also, was changed so that they could be completed not later than by 11 a.m. rather than 3 p.m. A "master menu" helped to make changes effective and salad preparations were combined for patients', nurses', and staff dining rooms.

This change in the food service was effected with remarkable smoothness. Undoubtedly, the detailed planning that went into the change in policy, before it was initiated, was of assistance. Its success, however, was due mainly to the staff, both in their understanding of what was expected from the initial trial period, and in their whole-hearted co-operation.

National Magazine Features High Cost of Sickness

The June 15th issue of McLean's Magazine features a series of articles, by Assistant Editor Sidney Katz, under the general title of "The High Cost of Being Sick".

One complete article is devoted to Canadian hospitals and their problems. To gather the material, Mr. Katz travelled right across Canada, visiting hospitals, interviewing hospital boards, administrators, and officials of government health departments.

The article discusses the rising cost of providing care, the problem of caring for the indigent, financing the hospital, chronic illness, and many other facets of hospital care.

Tasty Recipes

ALWAYS on the lookout for different ways of preparing food, hospital dietitians may find something new and interesting in the following collection of recipes. They are contributed, on behalf of the Canadian Dietetic Association, by A. Skinner, manager of dining service for the Bell Telephone Company of Canada. She has found the recipes to be both attractive and popular.

Egg & Noodle Casserole

(Yield: 90 servings—5 oz. ramekins)

- 11 oz. Margarine
- 6 oz. Bread flour
- 4 qt. Milk
- 6 tbsp. Salt
- $\frac{2}{3}$ tsp. Pepper
- 5 qt. Cheese
- 3 lbs. Broad noodles
- 89 Eggs, hard cooked
- $\frac{2}{3}$ cup Minced onion
- 1 lb. Minced ham
- 2 cups Salad dressing
- $\frac{3}{4}$ qt. Fine dry bread crumbs
- 3 tbsp. horseradish

Method:

1. Make a sauce of margarine, flour, milk, and seasonings.
2. Add cheese, stirring until melted.
3. Combine with noodles, which have been previously cooked in boiling salted water.
4. Fill individual ramekins.
5. Cut eggs lengthwise, remove yolks, combine yolks with horseradish, onion, ham and salad dressing.
6. Fill egg whites.
7. Place whole egg on top of noodles, sprinkle with bread crumbs.
8. Bake in oven at 350° for 15 minutes.

Egg Cutlets

(Yield: 60 servings)

- 1 lb. Flour
- $2\frac{1}{2}$ qt. Milk
- 6 oz. Fat
- 2 tbsp. Salt
- $4\frac{1}{2}$ doz. Eggs, hard cooked
- $4\frac{1}{2}$ doz. Eggs.

- $\frac{1}{2}$ cup Milk
- 1 lb. Bread crumbs

Method:

1. Make a paste of part of cold milk and flour.
2. Scald remaining milk.
3. Add fat.
4. Add the thin, smooth flour paste to the scalded milk and fat, stirring rapidly. Cook 7-10 minutes. This is a very thick mixture and needs to be stirred constantly to prevent scorching.
5. Peel and chop hard-cooked eggs. Add to the thick white sauce with the salt and cool in shallow pans. When thoroughly cold, mold in shape of cutlet and dip in crumbs, then in dipping mixture made of eggs and milk beaten together. Use No. 12 scoop.
6. Dip in crumbs and fry in deep fat at 360° until golden brown.

Mock Chicken Legs

(Yield: 100 servings)

- 18 lbs. Veal & Pork, raw, ground
- 9 only. Onions, large, chopped
- 6 only. Eggs
- 3 cups Bread Crumbs
- 6 tbsp. Salt
- $1\frac{1}{2}$ tsp. Pepper
- $\frac{3}{4}$ tsp. Sage

Method:

1. Put veal and pork through fine mincer before shaping. Combine above ingredients. Mix and shape on skewers in form of chicken legs, covering approximately $\frac{3}{4}$ of skewer. (Use No. 12 scoop of mixture per skewer.)
2. Dip in egg, milk, then crumbs and put on greased baking sheet and dot with fat.
3. Pour sufficient meat stock in bottom of pan to cover them up to $\frac{1}{3}$ and keep them from drying out at beginning of cooking.
4. Bake at 350° for 25 min. until brown.
5. Serve one to the order with Creole or Barbecue sauce.

Macaroni, Neapolitan Style

(Yield: 75 servings—5 oz. ramekins)

- 2 lbs. Navy Beans
- $7\frac{1}{2}$ qts. Water
- $2\frac{1}{2}$ tbsp. Salt
- 1 lb. Macaroni, broken
- $7\frac{1}{2}$ qts. Water
- $2\frac{1}{2}$ tbsp. Salt
- 1 cup Salad Oil
- 2 only Onions
- $1\frac{1}{4}$ cups Parsley
- 5 qts. Tomatoes
- $3\frac{3}{4}$ lbs. Beef, minced

Method:

1. Soak beans overnight and drain.
2. Cook in boiling water and salt until tender. Drain again.
3. Cook macaroni in boiling water and salt until tender. Drain.
4. Pour cold water over to remove excess starch.
5. Cook onion and parsley in half the oil.
6. Add strained tomatoes and continue cooking until almost as thick as conserve, and until volume is reduced to about half.
7. Saute beef in remaining oil.
8. Mix with drained beans, macaroni and tomato mixture.
9. Bake 45 min. to 1 hour to develop flavour.

Eggs à la King with Mushrooms

(Yield: 45 servings—5 oz. ramekins)

- 13 oz. Primex
- 13 oz. Flour
- $6\frac{3}{4}$ qts. Milk
- 2 lbs. Mushrooms, sliced
- 4 tbsp. Onions, chopped
- 12 oz. Primex
- $4\frac{1}{2}$ doz. Eggs, hard cooked
- 3. Green Pepper, chopped
- $2\frac{1}{4}$ cups Pimento, chopped
- $\frac{1}{4}$ tsp. Cayenne
- $4\frac{1}{2}$ tbsp. Salt

Method:

1. Melt the 13 oz. of fat. Add the 13 oz. of flour. When well blended, add scalded milk slowly, stirring rapidly. Cook 7-10 minutes.
2. Wash and slice mushrooms and saute with chopped onion in the 12 oz. of fat.
3. Add cooked, drained, mushrooms, cubed hard cooked eggs, green pepper, and pimento to the white sauce.
4. Add seasonings.
5. Serve in 5 oz. ramekins with toast points.

French Fried Chopped Ham and Cheese Sandwich

(Yield: 16 servings)

- 2 lbs. Loaf Cheese (2-1 oz. slices per sandwich)
- 1 lb. Chopped boiled ham (1 oz. per sandwich)
- 32 Bread slices
- 8 only, Eggs beaten
- 2 qts Milk
- 1 tbs. Salt

Method:

1. Place 1 slice of cheese on each slice of bread.
2. Spread 1 oz. of ham over 16 slices of bread and cheese, and cover with remaining slices of bread and cheese. Press together.
3. Combine beaten eggs, milk and salt.
4. Place each sandwich in milk mixture so that it is covered. Lift out with lifter.
5. Brown in frying pan with small amount of fat. Turn and brown.
6. Cut diagonally. Serve with a sprig of parsley.

Fudge Batter Pudding

(Yield: 90 servings)

Batter

- 2½ cups Shortening
- 2 qts. Sugar
- 6 tbs. Vanilla
- 4 qts. Flour
- 1 qt. Cocoa
- 6½ tbs. Baking Powder
- 3½ tbs. Salt
- 2 qts. Milk

Sauce

- 2 qts. Sugar
- 1 qt. + 1¼ cups Cocoa
- 5 tbs. Salt
- 6 qts. + 3½ cups Boiling Water

Method

Batter:

1. Mix shortening, sugar and vanilla together.
2. Sift flour, cocoa, baking powder, and salt together.
3. Add alternately with milk to first mixture. Mix well.

Sauce:

1. Mix together sugar, cocoa, salt and boiling water.

To Bake:

1. Divide sauce between the pans.

2. Drop batter on top of sauce using No. 16 scoop.

Size of Pan:

9½" x 15¾" x 3" — 18 scoops per pan.

Lemon Rice Meringue

(Yield: 55 servings—5 oz. ramekins)

- 1¼ lbs. Rice
- 4½ qts. Milk
- 3 cups Sugar, gran.
- 4 only, Lemon rind, grated
- ½ cup Lemon juice
- 4 tbs. Salt
- 1 doz. Eggs, separated
- ¾ cup Sugar, powdered

Method:

1. Steam rice in milk.
2. Combine sugar, grated rind, lemon juice, salt and egg yolks.
3. Add egg mixture to cooked rice and cook until it thickens, stirring constantly.
4. Make meringue of egg whites and gran. sugar in equal quantities.

5. Cover pudding with meringue and bake until brown, in ramekins.

Banana Cake Muffin

(Yield: 6½ doz.)

- 1 lb. 5 oz. Shortening
- 2 lbs. 3 oz. Brown Sugar
- 2 tsp. Vanilla
- 8 Eggs
- 6 cups Banana, mashed
- 3 lbs. Flour, pastry
- 2½ tbs. Baking Powder
- 2½ tsp. Salt
- 4 tsp. Baking Soda
- 1 cup Sour Milk

Method:

1. Cream shortening and sugar and vanilla. Beat until light.
2. Add egg.
3. Add mashed bananas.
4. Add the sifted dry ingredients alternately with sour milk; beat quickly and lightly until smooth.
5. Serve plain or with orange or coffee icing.
6. Bake at 375° for 30-35 minutes.

* * *

Recettes Délicieuses

Cettes recettes délicieuses sont présentées grâce à la bienveillance de Soeur Marie Noël Chabanel, diététiste à l'Hôpital Sainte Jeanne-d'Arc, Montréal, P.Q.)

Gâteau aux fruits

Nombre de portions: 250 à 300

Ingédients:

- Beurre ou graisse, 7½ livres
- Sucre granulé, 6½ livres
- Farine, 6¾ livres
- Currants, 5½ livres
- Raisins secs, 5 livres
- Fruits confit, 4 livres
- Cerises, 6½ livres
- Amandes coupées, 3 livres
- Dattes coupées, 5 livres
- Muscade, 1½ onces
- Cannelle, 1½ onces
- Macis, 1½ onces
- Oeufs, 5 douzaines

Direction:

1. Peser tous les ingrédients.
2. Tamiser la farine et les épices ensemble.
3. Crémier la graisse ou le beurre.
4. Ajouter le sucre granulé.

5. Ajouter ensuite les oeufs légèrement battus alternativement avec la farine et les épices.

6. Ajouter les fruits bien mélangés ou l'un après l'autre.

7. Ajouter les cerises et les amandes en dernier lieu.

8. Mettre dans des casseroles graissées avec papier ciré de même.

9. Faire cuire à 275°F durant environ 4 heures. La durée de la cuisson dépend de la grosseur de chaque gâteau.

Macaroni aux oeufs

Nombre de portions: 125.

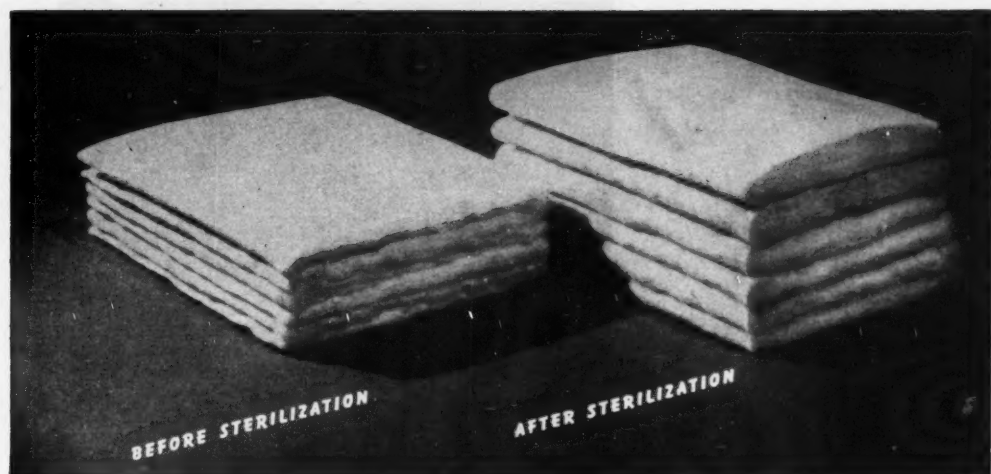
Ingédients:

- Macaroni cuit et lavé à l'eau froide, 15 tasses
- Oeufs, 5 douzaines
- Lait, 9 pintes
- Sel, 10 cuillères à table.
- Poivre, 1 cuillère à table

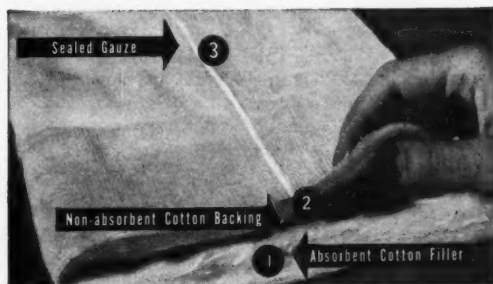
Direction:

1. Déposer le macaroni cuit dans des plats beurrés et allant au four.

(Suite en page 106)



Tests prove that J & J Dressing Combines are more efficient in every way!



1. Heavy layer of absorbent cotton becomes fluffier and does not discolor after sterilization.

2. Non-absorbent cotton-backing prevents drainage from striking through . . . saves linen and laundry costs.

3. Overlapping gauze, firmly sealed with coloured adhesive thread, holds filler in place . . . identifies non-absorbent side.

J & J All-Cotton Dressing Combines actually improve with sterilization! A glance at the photo shows just how much!

But there are other advantages that the photo doesn't show.

Like the fact that J & J Dressing Combines are *all-cotton*! Not a trace of cellulose filler!

And the much greater capacity and higher absorbency rate that are yours with J & J Dressing Combines. You'll notice the difference *at the time of use*! The extra softness, the extra comfort for the patient, greater conformity to the body!

Indeed, the most efficient dressing combines are J & J Dressing Combines.

SIZES

24" x 3 3/4"—in 6" lengths	24" x 8"—in 6" lengths
—in 8" "	—in 8" "
—in 12" "	—in 12" "
27" x 3 3/4"—in 9" lengths	24" x 10"—in 6" lengths
	—in 8" "
	—in 12" "

All sizes also available in uncut lengths

MADE IN CANADA

Johnson & Johnson
LIMITED MONTREAL

The Romance of Spices

AS you automatically sprinkle a bit of pepper on the meat you are preparing for tonight's dinner, you are not thinking of brave adventurers, uncharted seas, or three-masted schooners. The pepper, cinnamon, cloves, nutmeg, and other spices on your pantry shelf are taken for granted. Yet they have had a tremendous influence on human affairs and have been the lure of many an adventurer whether in a three-masted schooner or Venetian galley.

The spice trade has had a long and exciting history. The business of carrying bits of vegetable matter from the East to the West probably began before man's records. Aeons ago, men were loading pepper upon the backs of buffaloes at Malabar and Travancore, digging alluvial gold from Dardistan in India, mining emeralds, drying ginger, cloves, and nutmegs, and loading these precious things upon the backs of camels for the great empires of the Euphrates and Nile.

It was in ancient Rome that pepper captured the taste of western man. Nearly every dish in the books of Apicius contains pepper and Roman doctors prescribed it even for malaria. With the fall of Rome, the Spice Trade went to Constantinople; after the Turkish capture of Constantinople, it flourished in Venice. The Crusaders went home with little boxes of spices and Europeans began to long for these seasonings to give flavour to their monotonous foods.

Lean beef suddenly took on a brand new flavour when sprinkled with pepper. A little clove placed on a country ham made the mouth water. Fresh vegetable salads assumed an entirely different character when spices were used in a dressing.

Among the adventurers in three-masted schooners who set out for the magic East, was Christopher Columbus who tried to find a "back door" to the treasures of the East, by sailing westward. Ironically, on one of his voyages, Columbus paid a call at Trinidad, today a world center of spices—the bottled kind. Angostura bitters, a famous aromatic blend of spices known the world over is processed there now. When Columbus' sailors first set foot on this land they knelt and thanked the Holy Trinity for conducting them to this beautiful island—thus the name Trinidad.

Just around the time of Columbus' voyages, Portuguese sailors were trying another route to the East, by sailing down the west coast of Africa. Each trip, they ventured a little farther south in hope that they could find a southern tip to this huge mass of land and thus sail around it to the

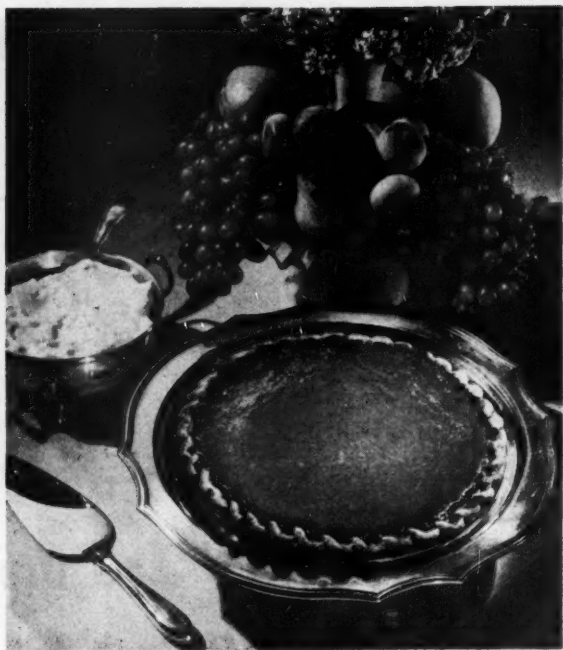
treasures of India. In 1497, they were successful as Vasco da Gama rounded the Cape of Good Hope and put the old trade routes out-of-date, to the consternation and ruin of Venice.

As cinnamon, nutmeg, coriander, and other spices became more plentiful in the western world, European recipes began to include them. Dishes were developed for the seasons. Christmas began to include Old English fruit cake and spiced hot bread—delicacies which became traditional and are still enjoyed today.

Early eighteenth century cook books, the first printed ones, gave ample evidence of how spices enhanced the dishes of the period. In *The Art of Cooking Made Easy*, published in 1747, Hannah Glasse, a real pioneer in modern cookery, gave her recipe for plum pudding. It is still delicious today.

"Scald your Quinces very tender, pare them very thin, scrape off the soft, mix it with sugar very sweet, put in a little ginger and a little cinnamon. To a pint of cream, you must put three or four yolks of eggs, stir it into your Quince, till it is of a good thickness. It must be pretty thick; for you may do Apricots or White Plum Pears."

(Concluded on page 102)



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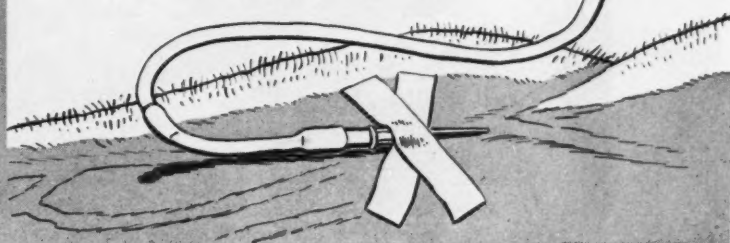
The Blood Recipient Set has another distinct advantage. Its plug-in tip is a metal, needle-sharp, pre-straining canula, which can be aseptically inserted, without pre-perforating, through the stopper of any Universal blood container. The entire set is sterile, pyrogen-free, ready-for-use as it comes in a single package—and it is completely disposable.

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Revised Table of Food Values Available

The Table of Food Values Recommended for Use in Canada (second edition) is now available and may be purchased from the Department of Public Printing and Stationary, Ottawa, for the sum of \$1.00 per copy. Available in English only, the "Table" is a compilation of the food value of 248 foods, given for amounts of 1 lb., 100 grams, and an average serving. The book contains 286 pages and is bound with spiral metal rings.

Dietitians, physicians, biochemists, and other trained people who must make calculations of food values in their work will find the table extremely useful. On a national level, the table could be used to indicate the broad level of nutrition by evaluating the statistics on how much food is used in the country.

The Table of Food Values Recommended for Use in Canada appeared in its first edition in 1946. Supplies of this edition were rapidly exhausted and the large number of requests for the book pointed out the need for a new edition. Prior to 1946, there was no table available to workers in Canada which indicated what kind of analytical values had been found in this country. As early as 1941-42 the Canadian Council on Nutrition recom-

mended that the Department of National Health and Welfare compile such figures as were available so that they could be used; also that chemists in Canada would realize what foods needed further study. In 1942, the Nutrition Division began such a table but most of the figures were compiled from analyses made outside of Canada. There is scarcely a single food for which complete analyses, made in Canadian laboratories, are available. Nevertheless, all Canadian values available were used and the references noted accordingly. The table was confined to those foods that are used in this country. Since Canadian foods are very similar to American foods permission was obtained to use *Miscellaneous Publication 572*, published by the United States Department of Agriculture. In this second edition the United States Department of Agriculture Handbook No. 8, *Composition of Foods — Raw, Processed, Prepared*, which supercedes *Miscellaneous Publication 572*, has been used.

When the second edition was being prepared, a canvass was made of representative workers who use tables of food values. They were asked to send in their suggestions as to additional foods that should be included,

the form of presentation, amounts for which values would be given, et cetera. Many suggestions were obtained and, as far as possible, incorporated. For example, it was decided to give values for 1 lb. and for an average serving of each food, as well as for 100 grams.

A great deal of information has been included on portions commonly used, sizes of containers, and weights commonly purchased. There is still room for differences of opinion as to reasonable servings and differences of techniques in measuring. However, the information presented is useful if its limitations are recognized.

It has not been possible to insert values for many cooked foods but a blank line has been retained in case users wish to insert figures for their own use. A table on percentage losses of nutrients in cooking is given in Appendix 2.

Calorie values differ from those in the first edition of the table because all foods have been recalculated according to factors contained in the report *Energy-Yielding Components of Food and Computation of Calorie Values*, by the Committee on Calorie Conversion and Food Composition Tables, convened by the Nutrition Division of the Food and Agriculture Organization of the United Nations, 1947.—From Canadian "Nutrition Notes", April, 1952.



Student dietitians at the University of Alberta Hospital, Edmonton, help set up trays.

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Cheese

ATTRACTION, tangy, nutritious, and wonderfully aromatic are the many and varied dishes which can be made from cheese. Here, in a country with a high production of this staple food, can be found an extensive variety of cheeses which are relatively unknown to Canadians. However, this economical dairy product is coming into its own in these days of rising costs and it is being used more and more as a basic food. Cheese has long been recognized for its high food values and *Canada's Food Rules* list it as a "must" in weekly diets.

The history of cheese reads almost like an old time fairy tale, dating back as it does to ancient Arabian lore.

Actually, cheese first occurred as one of nature's simple miracles. A travelling merchant is credited with giving the world its first cheese. Getting ready one day for a lonely trip across the desert, the Asian traveller poured the milk he would require into a container made from a dried sheep's stomach. The traveller, because of the hazardousness of his day's journey, was not able to stop for sustenance till after nightfall. Near exhaustion with weariness and thirst, eagerly he lifted his canteen to his lips for some of his precious goat's milk. His astonishment and distress must have been great when, instead of the anticipated milk, only a thin watery liquid touched his parched lips. On cutting open the canteen, the traveller found, in place of milk, a mass of white curd.

What really happened, of course, was simply one of nature's astonishing miracles. The rennin present in the lining of the sheep's stomach canteen is a digestive enzyme present actively in all mammal stomachs. The rennin, in curdling the milk, had started a number of complex changes and, in time, the fluid substance, milk, was transformed into a kind of cheese. Now, centuries later, much skill and science has been at work to manufacture the many fine cheeses that are available throughout the world.

Cheese Dishes

Cheese can be used to make appetizing sandwiches, soups, casseroles, as well as salads and baked goods. At all times, it should be cooked at a low temperature, whether in the oven or over hot water. High heat toughens the protein, making the cheese "rubbery" and less easily digested. When making cheese sauce, add the cheese just at the last and cook only until melted. Where a recipe calls for a mixture of cheese, eggs, and milk, it should be cooked by oven poaching. To "oven-poach until set" means to place the cheese dish in a pan of hot water and bake in a moderate oven (350°F) until a silver knife, inserted in the center, comes out clean. However, scalloped or other casserole dishes (made with cooked foods) should be baked in a moderate oven (350°F) only until the mixture is thoroughly heated.

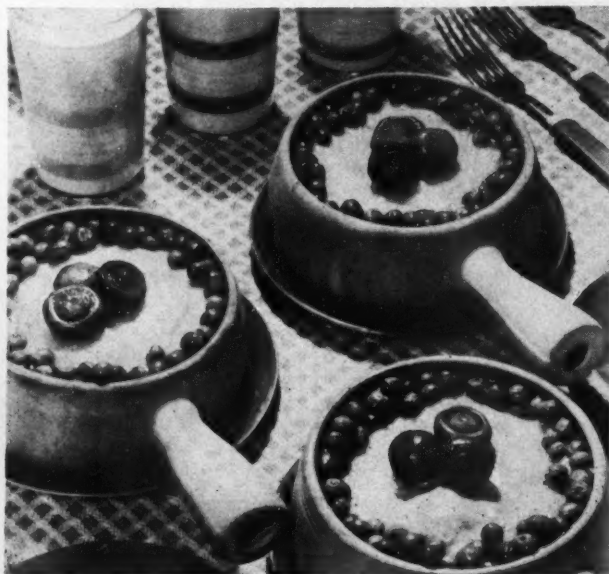
Cheese is not only easy to cook but it is a food which is easy to store. All types of cheese should be kept covered in a cool place. It can be wrapped in heavy waxed or parchment paper, in aluminum foil, or kept in a covered container. To store a large wedge of cheddar cheese, coat one side with wax or press a piece of waxed paper onto it with a hot iron. Then store the cheese in a cool place with the cut side facing down on a plate or on waxed paper. Another way to preserve cheddar cheese is to wrap it in a cloth, dipped in diluted vinegar and wrung out, and then store in a cool place. Small pieces of cheddar cheese can be grated and kept in a covered jar, ready to use in soups, sauces, and as a welcome garnish.

The food value of cheese can not be overlooked. High in protein content, cheese is an excellent alternate for meat, fish, poultry, and eggs. It has a good supply of minerals too, especially calcium and phosphorous. Also rich in vitamins, cheese contains vitamins A and B complex.

Canadians are lucky, indeed, that there is a plentiful supply of this nutritious food and that there are so many varieties to choose from, which will both please and satisfy the individual tastes.

Guide to Canadian Cheeses

Canadian Cheddar—a type for every taste—mild, medium, and old. Excel-
(Concluded on page 102)



Cheese is a welcome addition to these individual vegetable casseroles.

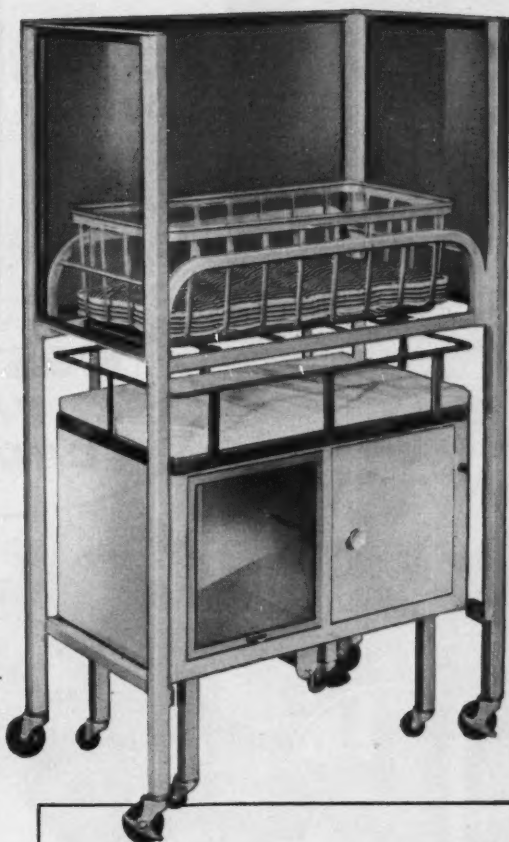


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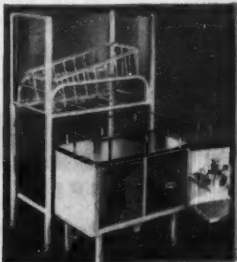
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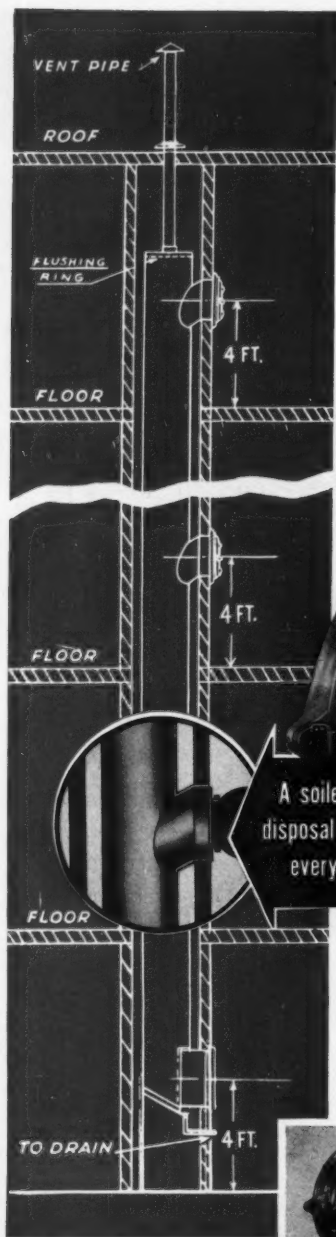


CABINET—The cabinet is locked to back legs of bassinet stand—can be moved out into working position by release of foot lever. It is divided into two compartments:

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RIGHT—contains utensil tray, furnished with standard equipment for infant's care. Door swings open and out of the way.

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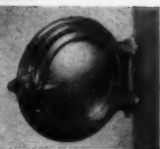


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Nutrition—A Decade of Progress

NOW in its second decade of service, the nutrition division of the Department of National Health and Welfare reflects briefly on its background and reviews, in a general way, its present activities.

Prior to World War II, nutrition work in Canada was under the direction of a relatively small number of persons or organizations acting more or less independently. There was a small amount of food and nutrition research going on but information about nutrition was largely provided by a few interested individuals and voluntary groups, universities, and newspaper writers.

Federally, the work consisted mainly of that done by the Canadian Council on Nutrition which was set up in 1938 as an advisory body to the federal health department. Fairly rigid control of food standards and advertising claims was exercised by federal food and drug legislation but nutrition activities were unco-ordinated.

In November 1941, the federal government established the nutrition division. It was set up as a war-time service with certain immediate functions: to assist industrial plants to improve the nutrition of their workers; to provide the public and other government departments with information on nutrition; and to conduct investigations into Canadian nutrition problems. During the war, the nutrition division gave attention to a number of national problems affecting the health of Canadians, such as the nutritional implications of food rationing and the food service in federal penitentiaries and Royal Canadian Mounted Police barracks. In addition, informational materials on nutrition were prepared for the civilian population.

With the end of the war the obligation to war industries ceased but the other services had become so well established that the nutrition division was made a permanent part of the national health service. The nutrition division is now one of the special

Anne Y. Burns, B.Sc., M.P.H.,
Supervisor, Information Section,
Nutrition Division,
Department of National Health
and Welfare,
Ottawa.

technical services for provincial departments of health and for the public at large. Its aim is to aid in maintaining and improving the health of people and particularly to lessen that part of the burden of disease and inefficiency at work which is due to poor nutrition.

When federal nutrition services were established, L. B. Pett, Ph.D., M.D., was named chief and continues in that capacity today. With the expansion of services, the staff of the nutrition division has increased from five to twenty-one, including one medical doctor, ten nutritionists, a medical social worker, a nurse, a biochemist, a laboratory assistant, and a clerical and stenographic staff of six. The division maintains a clinical nutrition laboratory, an experimental kitchen, and a small specialized library.

For administrative purposes, the work of the nutrition division is divided into three categories: group feeding, research, and information.

The group feeding section provides, on request, advice and assistance on quantity food service and kitchen planning for non-profit catering establishments. In its experimental kitchens quantity recipes with higher-than-average nutritional value are developed.

The research section carries out biochemical, dietary, and sociological parts of nutrition surveys. To date studies have been made of certain areas in every province in Canada with the exception of Newfoundland. Nutritionists in this section compile tables of food values and information on food habits.

The information section is concerned primarily with the preparation of informational and educational materials. These consist of pamphlets, posters, films, filmstrips, and exhibits for teachers, school children, nurses, doctors, dentists, housewives, and the general public. On request, this section

outlines nutrition programs based on survey results and assists in carrying them out. Also it studies the effectiveness of nutrition materials.

Except in those health matters which are the sole responsibility of the federal government, the nutrition division works in close co-operation with provincial health departments. From the beginning, the nutrition division has encouraged and assisted provinces in setting up or extending their own nutrition services. There is now at least one nutritionist in each provincial department of health and some provincial departments of agriculture, education, and welfare, employ or consult nutritionists.

Through the Dominion-Provincial Nutrition Committee of the Canadian Council on Nutrition, the federal division is informed of the program and needs of each province. In all the federal nutrition consultant and education services, programs and materials for provincial use are planned and developed with the provinces concerned. All nutrition materials are distributed through provincial departments of health and local health services.

In addition to the continuous work with provincial departments of health and national organizations, the division assists and is assisted by other divisions within the department and other federal government departments. Among these are the divisions of dental health, child and maternal health, civil service health, information services, food and drugs, and hospital design. Technical assistance is given to the Indian health services, the National Research Council and the Department of Transport.

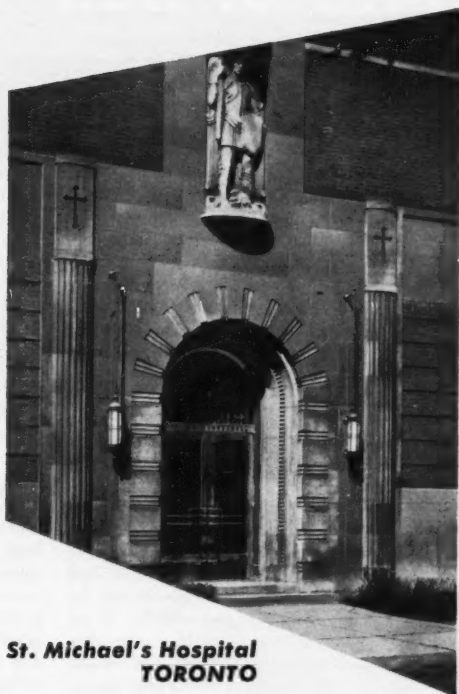
Special work with international health and nutrition bodies is handled by Dr. Pett. He is a member of the panel of nutrition experts of the World Health Organization and, on several occasions, has been a member of the Canadian delegation to conferences of the Food and Agriculture Organization.

Although ten years is a very short time in which to demonstrate the results of any health work, it is well established that progress has been made. Certainly Canada now has a greater realization of the importance of nutrition than ever before. One of the greatest achievements to date has been the development of co-operation

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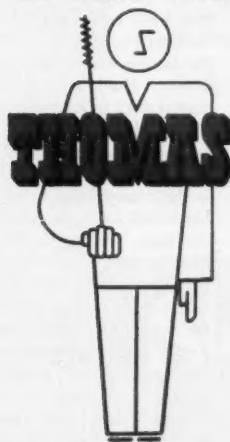
Reprinted from "Canada's Health and Welfare", published by the Information Services Division, Department of National Health and Welfare, Ottawa, January 1952.

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Food Fallacies and Fads

Many of today's nutritional problems have their basis in food fallacies and fads. Why do so many people, reasonable in other respects, cherish false ideas about the merits of certain foods and diets? How can these people be persuaded to accept and follow the simple basic principles of sound nutrition? An open-minded examination of many of the beliefs about foods and food combinations will quickly disclose their absurdity.

Food fallacies usually develop from misinformation or from misunderstanding of facts. Some of them have been passed down for generations and are difficult to dislodge. Others are based on some individual's experience with certain foods. Others, again, have their roots in some scientific fact which has become distorted.

Consider the following fallacies, so obviously contradictory — "bananas are fattening" and "bananas are good for reducing". Each contains an element of truth. Compared, weight for weight, with other fruits bananas have a relatively high caloric content. The caloric requirements of any individual depend on many factors including, for example, his size and activity. If his total food intake provides more than this requirement, he will gain weight. No individual food can be held responsible. On the other side of this discussion, bananas provide, in addition to calories, useful amounts of essential minerals and vitamins. Because they are quite a satisfying food, they may be useful in a diet designed for weight reduction but they have no weight reducing quality in themselves. Beliefs that other foods have "fattening" or "reducing" properties should be considered in the light of these remarks.

There are people who believe that eating raw onions will prevent colds. While it is true that a varied diet supplying adequate amounts of minerals and vitamins will promote health and thus reduce the dangers of infection, no food can promote immunity from specific bacteria. Neither will clean, wholesome food of any sort cause disease although there are people who hold that cucumbers cause pneumonia or that sugar causes diabetes.

Again, there are those who believe that certain combinations of foods cause dangerous reactions, even ex-

plosions, in the stomach. The substances of which foods are composed are rather inert chemically and there is no possibility that they will unite to produce dangerous and explosive mixtures. Neither is there foundation for the belief that some combinations of foods produce fatal poisons during digestion.

A rather vague comprehension of modern nutritional knowledge is perhaps responsible for the commonly-held idea that if a little of some nutrient is good, more is better. With no recognition of the fact that his body can utilize only a limited quantity of this nutrient, the enthusiast may consume quantities of the food known to contain it. The result? His appetite is satisfied and he is unable to eat the other foods necessary for a varied health promoting diet.

A fad may be defined as a craze and food fads are frequently bizarre in nature. Although they may for a time sweep whole communities, or even countries, fortunately they are short-lived. There are, however, a few devotees who pursue each fad for many years. If prolonged, fads may prove a serious hazard to health for their practice often results in an unbalanced diet lacking the variety necessary for health. This is a paradox of human nature for those who pursue fads usually do so because of fears or hopes — fear of illness, hope of relieving pain or of prolonging life.

It is not difficult to recall many fads that have enjoyed popularity during the past two decades — the eat more, the fasting, the compatible foods, and others. Quite recently molasses and yogurt were in wide demand.

Here is a challenge to all nutritionists, doctors, nurses, teachers, and others engaged in health education. It is their responsibility not just to tell but to sell the basic principles of good nutrition. It is a simple message — "Eat a variety of foods each day; follow Canada's Food Rules". Eating can and should be a pleasure and at the same time make a contribution to health and happiness. — *Canadian "Nutrition Notes", January, 1952*

Many men who stand on their dignity have precious little standing room.—*The English Digest.*

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Health Survey Reports

Ontario

The report of the Ontario Health Survey Committee was tabled recently in the House of Commons, Ottawa. At that time, it was pointed out by the Hon. Paul Martin, Minister of National Health and Welfare, that a considerable number of the recommendations made by the committee have already been carried out.

The health survey committee recommends 10,429 additional beds for general hospitals by 1954 and the replacement of obsolete hospital buildings containing 4,619 beds. Applications have already been submitted to the federal government for aid which provides 6,843 beds or about two-thirds of the minimum target by 1952.

The 1954 target for beds for the chronically ill and for convalescents, is set by the committee at 5,138. So far, projects have been approved which will provide 1,879 of these beds in centres such as Ottawa, London, Hamilton, Windsor, North Bay, Kitchener, and Guelph.

To relieve overcrowding in mental hospitals, the survey committee recommends the addition of 11,416 beds in existing mental hospitals. At the time of the survey the overcrowding amounted to 2,296 patients. Federal aid for projects totalling 2,615 beds has so far been approved.

The report on tuberculosis control states that "any theoretical estimate of the number of sanatorium beds required in Ontario would be of little value," but it makes specific recommendations for adding 240 beds for the care of patients with this disease. Space for more than 460 beds has been provided or is in the process of construction at sanatoria in London, Hamilton, Gravenhurst, Ottawa, and Weston.

Approximately half of the health grants spent in Ontario or \$8,086,545 has been used to extend hospital accommodation.

In accordance with the report's recommendations for 31 new community mental health clinics, clinics

have been set up in Hamilton, Sudbury, and York Township. A new child guidance clinic has been established in Windsor and extensions to existing facilities and services have been carried out in London, Toronto, Brockville, Whitby, Fort William, and St. Catharines.

Lack of adequately trained personnel is a major bottleneck in Ontario, as elsewhere in Canada, in developing new mental health services. Universities are being assisted to train psychiatrists, psychologists, psychiatric nurses, and social workers, as a first step toward providing additional specialists needed before new clinics can be opened.

In line with the recommendations on dental care, a second railway dental car has been equipped, staffed, and is now in use in remote sections of northern Ontario where dental services are not normally available. A number of county health units have added dentists to their staffs, and several mobile dental clinics have been put into service to bring dental care to schools in rural areas or small centres. A number of research projects involving dental health have been started, as recommended by the survey committee. These include a study of the incidence of tooth decay in children and a study of the effectiveness of topical applications and sodium fluoride in controlling dental decay.

Many of the recommendations involving the training and distribution of doctors are similar to those suggested by committees in other provinces.

A beginning has been made in the training of certified nursing assistants through organization of a training course at the McKellar General Hospital, Fort William. Nearly 100 trainees have completed the course and are working in all parts of northwestern and northern Ontario.

Substantial progress has been made in providing x-ray equipment for hospitals so that all persons admitted may have a routine chest x-ray. About \$873,000 has been spent so far on this project and \$141,000 has gone

to small hospitals where it was not economical to install special miniature x-ray equipment for this purpose. Additional x-ray equipment has been purchased for sanatoria throughout the province and in many instances extra people have been employed so that the present tuberculosis clinics and mass surveys with mobile equipment may be extended to larger numbers of people. The survey committee noted that community x-ray surveys are "well worthwhile and should be continued."

Various references are made in the report to the need for more research into public health problems. Because of the number of universities and research centres in Ontario, more than \$385,000 has so far been spent in Ontario on research work.

New Brunswick

Another long-term plan for the development of improved health and social services has been disclosed by the federal government, with the recent release of a report compiled by the New Brunswick Health Survey Committee.

The report's recommendations, the product of a two-year study, includes suggestions for the re-organization of the Department of Health and Social Services; the development of public health and laboratory services, the provision of an adequate number of hospital beds, the use of medical manpower, the training of nurses and nurses' aides, the extension of dental services; the development of the tuberculosis, venereal disease, mental health, blindness, and cancer control programs; extension of maternal and child health programs and rehabilitation services; and the development of the social service branch of the department to supplement and support the work of the health services.

In its recommendations on medical manpower, the committee notes that those parts of New Brunswick where the population is in a lower income bracket there are fewer doctors and recommends that, if necessary, some form of subsidization should be brought into effect to meet this situation. Further, it suggests that consideration be given to the setting up of non-urban health centres equipped with offices, x-ray, and

(Concluded on page 104)



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Not By Bread Alone

"Man does not live by bread alone"—nor by antibiotics alone is he healed!

LET us not turn our hospitals into production lines, but rather let us include mercy in our therapy." With these words, a hospital administrator closed his address before an institute of his colleagues by recalling the parable of the Good Samaritan which is as applicable to our methods of healing the sick today as it was nineteen hundred years ago.

In streamlining our hospitals and perfecting assembly line efficiency in the care of patients, are we neglecting their spiritual needs? One has only to talk to the chronically ill, to discharged patients, and to visiting clergy, to realize that something is lacking. We are so concerned with the healing of bodies that we fail to provide for the care of their souls.

Chapel

Every hospital should have a chapel, with appropriate furnishings, for any denomination wishing to use it. It need not be large but should be attractive and beautifully appointed. Such a chapel could supply many needs: a quiet place for meditation and prayer for those whose friends and relatives are hospitalized; Sunday services for ambulatory patients; communion services and capping ceremonies for student nurses; and morning and evening services which could be broadcast to the wards. It is even possible that hospital personnel might prefer to attend morning service rather than take time out for coffee!

Clergymen's Rest Room

For a chapel to fulfill its functions, a chaplain would be required. Ecclesiastical circles and modern hospital literature alike are giving much attention to the need for hospital chaplains. In the majority of our city hospitals not only is there a need for the appointment of chaplains but there is also a glaring lack of help and co-operation shown to those who visit our hospitals to minister to the religious needs of the sick.

How many hospitals, for example, have provided a special lounge and cloakroom for the clergy? It would be more congenial for them to have their own rest rooms instead of sharing

**Dorland Frederick,
Kingston, Ontario.**

the doctors' cloak room. These clergymen's rest rooms could be centrally located and close to the chapel. They could have easy chairs and two or three desks, each containing a last minute record of patient admissions. Then it would not be necessary for two or three clergymen to stand in line to look over the patients' register. For those who come from a distance to visit church members, a comfortable couch would be appreciated, especially if the patient is critically ill and the clergyman must remain for some hours. Tea and toast would also be a welcomed gesture.

Broadcasts

To bring the help and encouragement of chapel services to the patient, earphones or pillow receivers would be needed for each bed. Where such services could not be relayed from the chapel, they could be provided from the local radio station, where morning devotions are a daily program.

A good number of patients are not well enough to read the Scriptures for themselves and, in the case of out-of-town patients, there is often an interval before local clergy contact them. Such patients lack the solace of prayer and spiritual guidance. Think of the comfort that a vesper reading and prayer would bring to patients whose visitors are few. Evenings in hospital can be so lonely and the morrow so foreboding.

To make this radio service complete, a weekly program could be planned to take place at a time which would not conflict with ward rounds, visiting hours, et cetera. There could be short lectures on special diets by the dietary staff, hospital policy talks by the administrator, a local news bulletin forecasting interesting events, and musical programs. Wired music has been a boon to industry; could not a modified form be applied to hospitals, too?

An installation, such as that outlined, should do a good deal to alleviate the radio nuisance in hospitals. For those who have been hospitalized, this statement will require no elaboration. Human nature has its peculiarities. Convalescent human nature has even more — and dislikes being asked to lower the volume of its radio. Let us hope more hospitals will adopt this system of bed earphones.

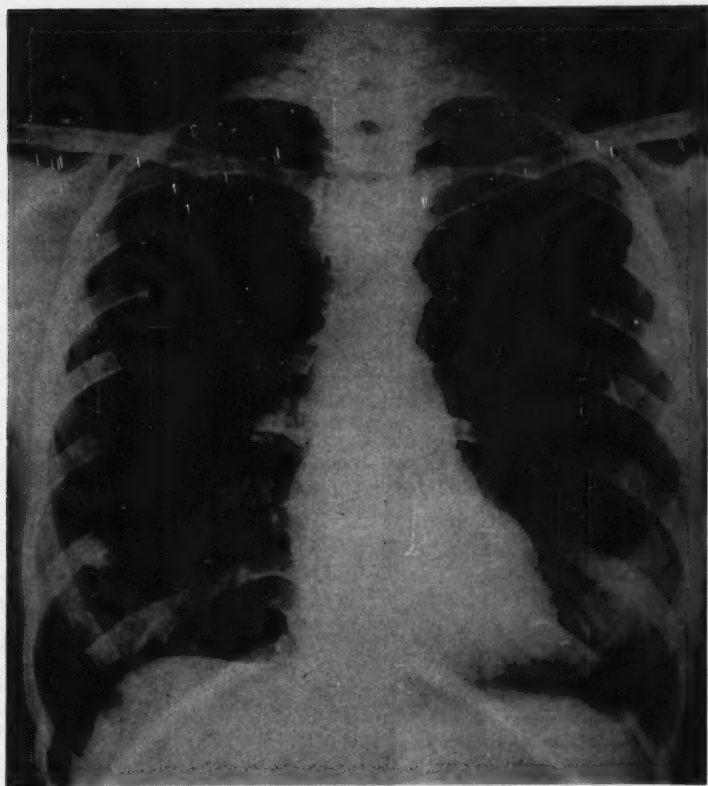
"When I come this way again", said the Good Samaritan. His words can also apply to a hospital visitor. If such a visitor should enter the hospital as a patient would he not come with less hesitancy and trepidation knowing that the comfort and satisfaction he had noted when a visitor would be waiting for him as a patient. In the same manner, we owe it to the clergy, who daily visit our hospitals in the course of their duties, to see that they are made welcome and aided in their endeavours. Engrossed as we are, with the master plan for the healing of bodies with a minimum of lost "man hours", it is time to give thought to the fact that "man does not live by bread alone" — nor by antibiotics alone is he healed!

Steps to Learning

Intellectual curiosity can be satisfied only by continued learning. When we learn progressively how to detect fallacy, how to rise above superstition, how to discern what is relevant, how to discriminate values, and how to brush aside cant and propaganda, then we are taking long steps in continued learning. — *Royal Bank of Canada "Monthly Letter"*



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Book Reviews

HOSPITAL ORGANIZATION AND MANAGEMENT. By Captain J. E. Stone, C.B.E., M.C., F.S.A.A., F.H.A. Director Division of Hospital Facilities and Consultant on Hospital Finance, King Edward's Hospital Fund for London. Pp. 1,722. Illustrated. Price \$33.50. Published by Faber and Faber, London, Eng. Canadian Agents, British Book Services Limited, Toronto.

Long recognized as an authority on hospital organization and management, Captain Stone published his original volume on this subject in 1927, revised it in 1932, and in 1939 produced a third edition. Since the inauguration of the National Health Service in Great Britain, Captain Stone has been at work upon a fourth and greatly enlarged edition which is now on the market.

To describe the book as "enlarged" is something of an understatement, since the encyclopaedic volume before us runs to a total of 1,722 printed pages. In view of changing conditions in the hospital field, the author found it necessary to re-write practically all the material included in the third edition of his work, as well as adding detailed sections on subjects which have now assumed a greater importance. All this he has done exceptionally well.

An introductory section, labelled simply "historical" outlines again the hospital system in Great Britain as it existed before 1946. This is followed immediately by a 75-page chapter summarizing and explaining the National Health Service Act as an integral part of the general scheme of British Social Services. Such an outline is of special interest to readers who have not yet been able to make a close study of British health services.

From there, the compendium rolls on through every phase of hospital organization and management, from accommodation and admissions to catering, maintenance, laundry, finance, records, nursing service, social service, personnel, hospital law, publicity, fire prevention, construction and decoration, et cetera. Each section outlines prevailing trends in procedure; the author makes recommendations, and very often finishes with an

account of how the same problems are handled in the United States and Canada.

One very interesting new chapter is that on *Simplification and Standardization*, in which is given specifications for ordering textiles and illustrated instructions concerning the standardization of surgical dressings. Besides dealing with nursing procedures, the author here urges the value of standardized medical records and business forms with a view to efficiency and economy. In this section, he pays highest tribute to Dr. Malcolm MacEachern for the manner in which hospital standardization has developed on this continent.

The sections dealing with hospital design, planning and construction, comprise sufficient materials, in themselves, for a good-sized book. Here modern trends and standard practices are discussed, with reference to specific hospitals in Britain and on the continent, especially in France. Of no little interest is a summary of



Captain J. E. Stone

The author has enjoyed unique opportunities (of which he has taken full advantage) for gaining knowledge and experience in the hospital field; first as chief accountant to St. Thomas' Hospital; then as secretary to the Birmingham Hospital Centre; and subsequently as Consultant on Hospital Finance and Director of the Division of Hospital Facilities to King Edward's Hospital Fund, London.

the findings of a delegation from Charing Cross Hospital who visited and reported upon five European hospitals in 1947. The project was financed by King Edward's Hospital Fund and the hospitals studied were: Neue Bürgerspital, Basle; the Polyclinic of the Kantonsspital, Zürich; the Kinderspital, Zürich; Hôpital Beaujon, Paris; and the new Southern Hospital, Stockholm.

Data concerning construction includes site, size, shape, charts outlining area specifications, building materials, ventilation, heating, et cetera, with special emphasis on traffic lanes and noise prevention, and even the provision for the care and custody of radium. A chapter on decoration provides very useful colour charts, with suggestions for the various areas. Construction trends in North America are also outlined, though no attempt at actual comparison is made.

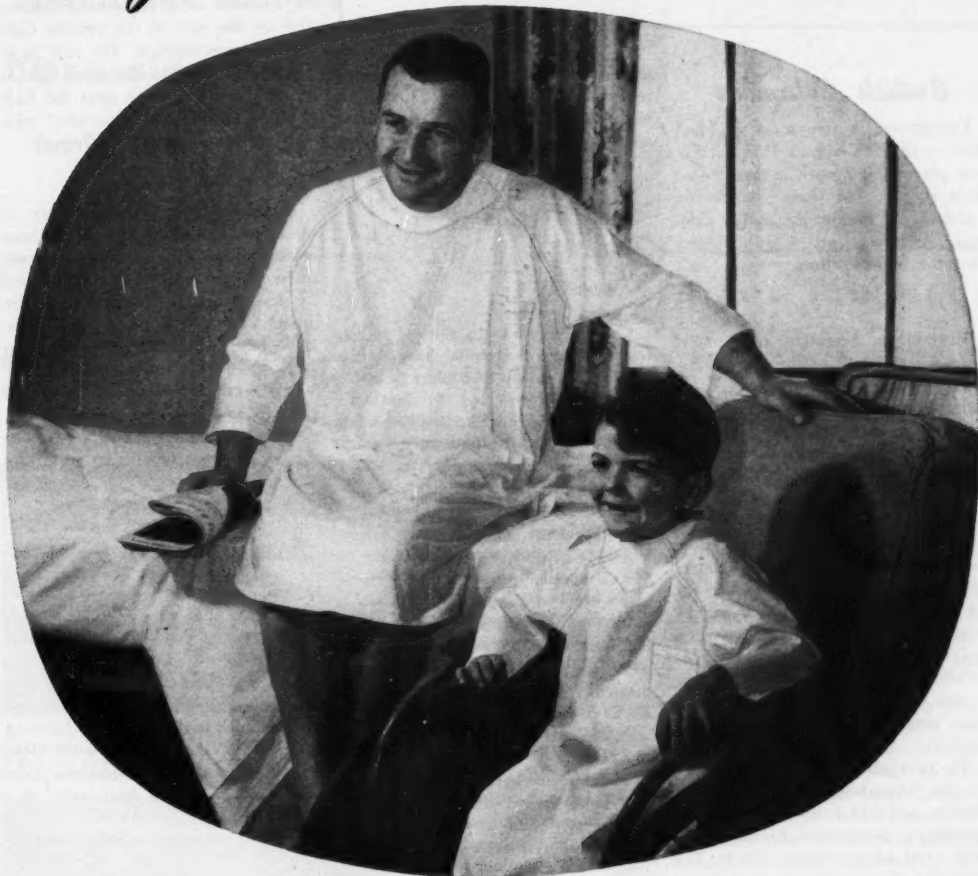
In the same division of the book, some 50 pages are devoted to health centres. Several already functioning in Britain are described, together with plans for others yet to be constructed. There are half-tone perspectives as well as floor plans. Again, to round out the picture, designs for health centres worked out by the United States Public Health Service and the Commonwealth Fund of New York are included.

One of the new features of this volume is a treatise on the training of hospital administrators, the importance of preparation for administration as a profession, and opportunities for training through university courses and institutes. Further chapters deal with facilities for medical research and medical education within the hospital, and the usefulness of medical photography. Appendices on a variety of topics account for almost 300 pages.

It is almost impossible to comment upon so comprehensive a work, because only through constant reference to it would it be possible to assess its usefulness in the work-a-day world. On reading sections here and there, one point is immediately obvious. It is very difficult to stop reading at any point—even when the reader has found the specific information desired. Ever and anon some new point of interest arrests the attention. Readers may find a few sections too brief for their purpose but in such cases references to other works are usually included.

(Concluded on page 100)

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◀ Provincial Notes ▶

British Columbia

VANCOUVER. A five-storey, 114-bed addition to St. Vincent's Hospital has been planned and work is expected to begin shortly. The wing will include a chapel, an auditorium, and a cafeteria. Architects are Gardiner and Thornton of Vancouver.

VANCOUVER. According to a report given by the board of trustees and the executive staff of the Vancouver General Hospital, at its 50th annual meeting, the institution plans to extend its facilities by the addition of three large buildings. The expansion scheme calls for the construction of the new 500-bed acute hospital, a \$1,700,000 provincial clinical laboratory building, and a medical school building. Tenders will be called early this summer for the new acute hospital, which will be located between the maternity pavilion and the private ward pavilion. This building will include six nursing floors, a new emergency department and a new laundry to serve the entire hospital.

The provincial clinic will be erected by the Department of Health and Welfare and will house the provincial laboratory, the venereal disease control clinic, and administrative offices. The medical school building is designed to provide amphitheatres and laboratory facilities and will house a branch of the Bio-Medical Library of the University. It will also provide new quarters for the pathology and biochemistry laboratories of the hospital. This building will be located adjacent to the hospital's main building.

VICTORIA. In the annual report for 1951 of the Royal Jubilee Hospital, it was noted that 12,400 patients were admitted to the hospital during the year as compared with 11,800 in 1950. The report on utilization of services included 1,564 births, 10,919 outpatients treated, and 9,151 emergency

treatments. Finances for the year were reviewed and it was reported that there had been an operating loss of \$89,000 and that the non-operating revenue, including contributions, amounted to \$49,000; leaving a net deficit of \$40,000, for 1951.

Alberta

CALGARY. Graduate nurses at the Calgary General Hospital have accepted the 1952 salary schedule which was recently approved by the hospital's board. The schedule provides for an increase of \$43 a month in the starting wage for general duty nurses. A new schedule of wages has been set up for nurses with special training and experience. General duty nurses will now receive a starting salary of \$195 a month and will receive increases of \$5 every six months up to a maximum of \$215. Head nurses of wards will start at \$210 a month, rising to \$230; head nurses in operating and maternity departments will start at \$215, rising to \$235; and class room and clinical instructors, \$220, rising to \$240.

The schedule applies to nurses living out. Those living in hospital quarters will receive \$25 a month less. Increases are retroactive to January 1, 1952.

COALDALE. The Mennonite Health Society has agreed to sponsor a new hospital here. Plans, which have already been approved by the inspector of hospitals and the fire inspector, have been submitted to the provincial minister of public health and welfare. The \$1-a-day plan is expected to be put into effect when the hospital is completed.

LETHBRIDGE. A municipal hospital district scheme for Lethbridge was favoured by a 78.65 per cent of the

rural and urban voters in a recent plebiscite. The vote also favoured the borrowing of some \$2,300,000 for the purpose of erecting a new 187-bed hospital. Last year a proposal to build the hospital as a city-owned institution on the site of the present Galt Hospital was rejected. The new location will be in the south-eastern section of the city as the site near the Galt Hospital has been honeycombed with mine workings and declared unsafe.

WHITELAW. Construction work at the Hotel Dieu of St. Joseph has been completed and the hospital is ready to receive patients. Built and operated by the Religious Hospitalers of St. Joseph, the hospital has accommodation for 34 patients, including four beds for children. Accommodation will be provided for incurables, the chronically ill, and some old age pensioners, in semi-private and public wards, with a few rooms being arranged for couples.

Saskatchewan

KINISTINO. The new 15-bed Kinistino Union Hospital was officially opened in April. Operating and case rooms, x-ray facilities, a three-bed children's ward, a six-bassinet nursery, and a dining room and lounge for the staff, are included in the two-storey building. Estimated to cost approximately \$110,000, the new structure replaces an older building which has been used as a hospital since 1936 and which will be converted into a nurses' residence.

NEILBURG. An expansion scheme is under way at the Neilburg Union Hospital and the approval of the provincial department of health is being sought. Proposed plans call for a 50' by 30' addition, with a full basement. This structure would contain two doctors' examination rooms, two offices, a waiting room, two bathrooms, x-ray room, laboratory, and dark room. It is proposed, also, to close the present main entrance in the older building, converting it into a children's ward.

Ontario

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A heavy schedule of overtime work, week after week — repeated need for sending laundry to outside processors — these were the "prices" paid by the 200-bed Children's Hospital for increasing service to its community. "What should be done about our laundry operation?"

A Hoffman laundry survey confirmed the fact that occupancy close to 100% (through the admission of adult polio cases) and work from a new nurses' home had established a basic laundry load greater than the existing equipment could handle or stay "caught up" with.

At the request of the Hospital's officials, two sets of plans for modernized laundries were prepared by Hoffman laundry engineers. One, for a new laundry in the existing floor space; the other, for an enlarged laundry in a building extension. Either arrangement provided a laundry operation matched to the needs. However, recalling the painful experiences of their soon-too-small, old laundry, Children's Hospital decided on the building addition. Installation of Hoffman laundry equipment has resulted in a reduction in the laundry work week and linen supply balanced to today's needs — capable of expansion to tomorrow's growth.

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Coming Conventions

- June 15-18—Canadian Public Health Association, Fort Garry Hotel, Winnipeg, Man.
- June 16-20—Western Canada Institute for Hospital Administrators and Trustees, University of British Columbia, Vancouver, B.C.
- June 23-25—Convention of the Comité des Hôpitaux du Québec, Palais de l'Agriculture, Quebec City, P.Q.
- June 23-27—Institute on Hospital Pharmacy, Toronto.
- July 24-26—Fifth Annual Conference on Aging, University of Michigan, Ann Arbor.
- Sept. 3-6—Annual Convention of the Canadian Society of Radiological Technicians, Palisser Hotel, Calgary.
- Sept. 15-18—Annual Convention of the American Hospital Association, Philadelphia, Penn.
- Oct. 7—Annual Convention of the Catholic Hospital Conference of Saskatchewan, Saskatoon.
- Oct. 8-9—Saskatchewan Hospital Association Convention, Bessborough Hotel, Saskatoon.
- Oct. 16-18—Associated Hospitals of Alberta Convention, Palliser Hotel, Calgary.
- Oct. 22-24—Associated Hospitals of Manitoba Convention, Royal Alexandra Hotel, Winnipeg.
- Oct. 27-29—Ontario Hospital Association Convention, Royal York Hotel, Toronto.
- Oct. 30-31—Annual Convention of the Ontario Conference of the Catholic Hospital Association, St. Joseph's Hospital, Toronto.

←

the Victoria Hospital have been awarded a wage boost of \$156.31 each for 1952. The increase is retroactive to January 1, 1952, and includes an addition of 10 cents to the cost-of-living bonus, which will now stand at a weekly rate of 35 cents per point.

MATHESON. A campaign was launched recently to raise \$10,000, which will be used to help toward the cost of constructing a 25-bed hospital. The one-storey building will replace the Rosedale War Memorial Hospital, which was opened in 1922. A bequest from the late Dr. A. Bingham will be used to help finance the institution, to be known as the Bingham Memorial Hospital.

PENETANGUISHINE. Present plans for the new hospital, to be built here, call for a 61-bed institution, with 20 bassinets. Formerly, it had been proposed to erect a 41-bed hospital. The ground floor of the building will have 20 beds set aside for incurables.

RENFREW. A new annex to the

Victoria Hospital, which will be used as a rehabilitation unit for convalescent and chronic patients, was opened recently. The three-storey building, formerly a private residence, has a bed capacity of 35.

TORONTO. The board of governors of York township's Northwestern General Hospital launched a campaign in April to raise an additional \$1,000,000. The extra funds are required owing to the sharply rising building costs and for construction of a training school, a nurses' residence, and for furnishings and equipment.

Quebec

HULL. The Sisters of Charity of Providence have been awarded \$1,200,000 for the expropriation of the Sacred Heart Hospital, which was taken over by the Federal District Commission as part of the National Capital Plan in 1946. This money, along with a \$2,200,000 grant from the provincial government and a \$300,000 grant from

the federal government, will be used to help toward the cost of constructing a new 300-bed general hospital. The building will be erected on 44 acres of land donated to the Sisters by the city and it is expected that work will begin this autumn.

Nova Scotia

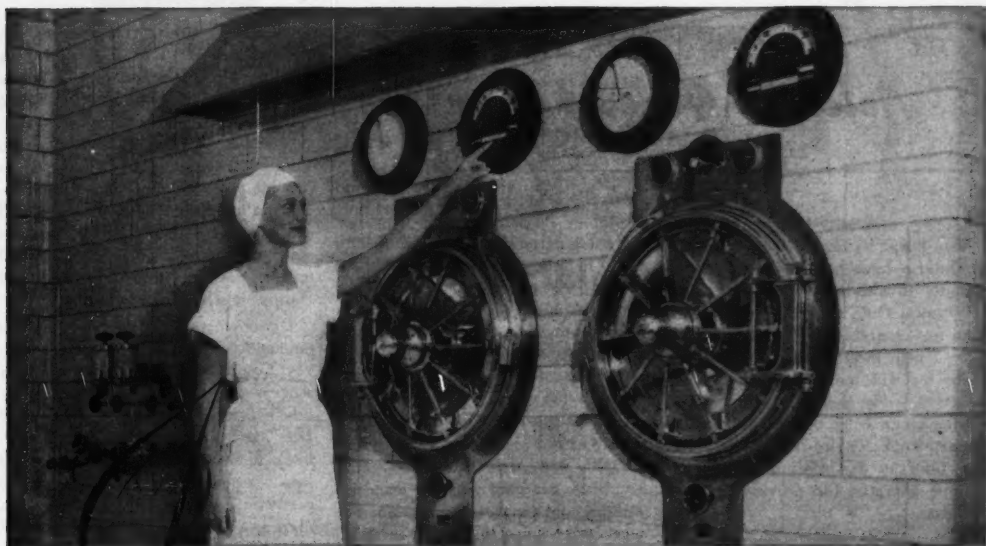
ANTIGONISH. A special feature of the National Hospital Day celebrations at St. Martha's Hospital was the dedication and opening of the new paediatric department by the Antigonish Gyro Club, an organization of men who were responsible for the greater part of the furnishings in this department. Student nurses guided visitors on a tour of the hospital, showing them the various departments and the work carried on in each. Interesting and instructive medical motion pictures were shown continuously, under the supervision of the medical staff, throughout the afternoon. Tea was served at the conclusion of the tour in the nurses' cafeteria.

* * * *

LUNenburg. Many interested citizens from Lunenburg, Bridgewater, Mahone Bay, and the surrounding districts were recently taken on a tour of the almost completed Fisherman's Memorial Hospital. The three-storey hospital will have space for approximately 31 adult beds and an 11-bassinet nursery. Administration offices, wards, and the operating section will be on the main floor. Two double isolation rooms, the kitchen, laboratory, and laundry, as well as staff quarters are located in the basement. For the present time the top floor will be used for general storage but can be converted into ward space as the need arises.

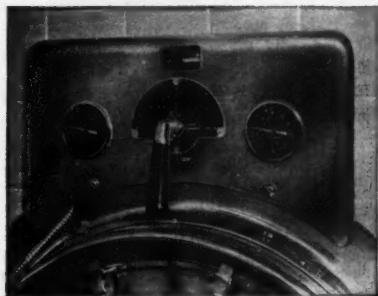
Prince Edward Island

SUMMERSIDE. A \$250,000 fund-raising campaign has been announced by the Prince County Hospital. The money will be used to add equipment and complete facilities in the new main hospital building, which was opened in August, 1951, and to help construct and equip a nurses' home and training school.



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Notes on Federal Grants

Construction

Two hospitals for the chronically ill in Ontario have been awarded grants recently to aid in construction costs. In Ottawa, Ont., the St. Vincent Hospital for Incurables will receive \$622,500 to help meet the costs of adding space for 415 more beds. The construction, now in progress, involves adding a new wing, rebuilding another wing to make it fire-resistant, adding one floor to an existing wing, and making alterations to provide for new facilities.

Parkwood Hospital, London, Ont., has been awarded more than \$86,000 toward the cost of providing space for 56 additional beds for the chronically ill and for an enlarged nurses' residence. Construction is expected to be completed this year.

A grant of \$29,000 has been approved for a new 58-bed nurses' residence for the Royal Victoria Hospital, Barrie, Ont. Work on this project is scheduled for completion in July.

At the Pembroke Cottage Hospital, Pembroke, Ont., an addition is being built which will provide space for 30 more beds, a 21-bassinet nursery, 22 beds for the chronically ill, a diagnostic centre, and medical, surgical, and obstetrical facilities. This hospital serves about 35,000 people in Pembroke, Barry's Bay, Eganville, Cobden, Killaloe Station, and surrounding townships. Construction is not scheduled for completion before next year. The federal grant will be about \$71,200.

In Tillsonburg, Ont., the oldest section of the Tillsonburg District Memorial Hospital has been abandoned for use as accommodation for patients and is being converted into a nurses' residence. A federal grant of about \$78,000 was authorized, in 1949, to assist with the costs of the new hospital building and an additional \$8,500 has now been earmarked for the nurses' residence.

At Shoal Lake, Man., a new wing is being added to the present hospital building to provide space for 16 beds, a seven-bassinet nursery, an operating room, obstetrical services, an x-ray and

laboratory department, and space for the headquarters of the local health unit. The federal grant will total about \$23,900. At Melfort, Sask., an \$8,000 grant has been allotted to the Union Hospital to help toward the cost of constructing a 16-bed nurses' residence.

A grant of more than \$63,600 has been allotted to help meet the cost of alterations in l'Hôpital de l'Enfant Jésus, Quebec City. An earlier grant of \$79,000 was awarded the hospital, which is carrying on an extensive building and renovation program. The latest grant helps to cover alterations on one floor of the hospital to provide space for 46 additional beds and a 53-bassinet nursery, bringing the hospital's bed capacity to more than 500. Operated by the Dominican Sisters of the Child Jesus, the institution is a teaching hospital affiliated with Laval University and cares for more than 10,000 patients a year.

A new community health centre is being built at Trepassay on the southern side of the Avalon Peninsula in Newfoundland. When it is completed later this year, it will be staffed by a nurse and will serve about 1,100 people. The federal grant toward its building costs will be \$5,900.

At St. Joseph's Hospital, Saint John, N.B., alterations and an addition have been made to provide space for an arthritis clinic and an enlarged laboratory. The federal grant toward this work, which is now completed, is about \$4,100. The grant to the new nurses' residence at the Victoria General Hospital, Halifax, N.S. will be more than \$132,000.

Mental Health

The new guidance clinic at Red Deer, Alta., for the examination, diagnosis, and treatment of persons with mental and nervous illnesses has just been awarded an \$8,600 grant from the federal health funds. For some time the staff from the provincial training school at Red Deer have been providing a limited mental health service in the central Alberta area but the pressure of their work at the school has not permitted development of a

full clinical service. Under the arrangement now being developed, a medical social worker and a stenographer are being employed full-time at the clinic, with a psychiatrist available on a part-time basis from the training school. Later it is hoped to provide a psychiatrist and a psychologist, on a full-time basis. The federal grant assists with providing adequate staff and the purchase of psychological testing materials and other technical equipment needed.

Development of this service was recommended by the Alberta Health Survey Committee and is to provide a service for doctors, teachers, public health and social workers in the Red Deer area. Although the clinic's services will be available to persons of all ages, emphasis will be placed on the correction of maladjustments in children.

Professional Training

Three bursaries for public health workers in Saskatchewan have been awarded by the federal government. The first bursary goes to a man from Qu'Appelle who will take a two-year course in radiography at the University of Toronto and then return to the Saskatchewan Anti-Tuberculosis League. Another man from Regina is at New York University where he is taking a special course in medical, social, and economic aspects of rehabilitation. The third bursary was awarded to a Regina nurse, who is attending Columbia University, New York, where she is taking a course in the supervision of public health nursing.

A two-week course in prenatal education was given in Winnipeg at the end of April. The course was designed to provide a nucleus of well-trained nurses qualified to instruct in prenatal classes and thus to raise the level of child and maternal health. About 30 senior nurses from the provincial and city health departments and some supervising nurses from both rural and urban hospitals attended.

With the aid of a health grant, the Children's Hospital, Winnipeg, recently added a full-time psychiatric nurse to its staff. She will be responsible for the immediate care and treatment of patients with severe emotional disturbances; the care of children, in the outpatient department, who have been under treatment for emotional prob-

(Concluded on page 108)

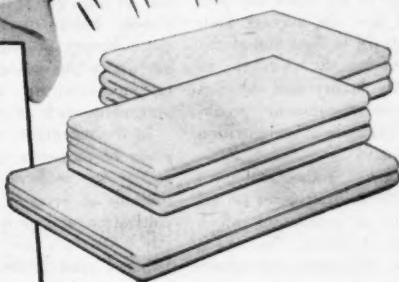


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Here and There

Nutrition in India

ONE-SEVENTH of the world's population lives in India. To feed 300 million people presents a problem of great concern to that country. The precarious nutritional balance of many hungry millions has been adversely affected by six years of war-time rationing and the post-war inflation. Price increases in food have been four to six times the pre-war level and now the average man can scarcely afford to feed and clothe his family adequately. Variety in food is a costly luxury and the diet tends to become monotonous; resulting in a high incidence of malnutrition among the poor.

Cultivated land in India is estimated to be about 360 million acres or 1.2 acres per head of population. Much of this land, however, has been diverted to the cultivation of commercially profitable crops, such as jute, cotton, tobacco, tea, coffee, sugarcane, and pepper, not food production. There has been a fall in agricultural output resulting from the post-war population trend of migration from villages to towns, which offer increased amenities of life and the opportunity for industrial employment. Scientific methods for the preservation of the food which is produced are sadly lacking. The lack of speedy and efficient modes of transportation creates a great problem in the distribution of food. An appreciable degree of malnutrition results from the uneven distribution of food by this slow transport method.

Food habits of the people complicate the picture. Wheat is the staple diet in the north, while in Bengal and South India, rice is the staple food. Fish is most widely consumed in Bengal. Over the remainder of India, there are millions of people who are strict lacto-vegetarians. Some religious taboos forbid the consumption of beef and others the consumption of pork. The taboo against beef has

certainly resulted in the preservation of the cattle-wealth of India which is a vital necessity since milk is the only animal protein consumed by the many million vegetarians.

The nutritionist, then, is called upon to devise suitable dietaries with what is available and what is cheap; to advise on the best methods of preservation and preparation of the food for the table, so that there is a minimum loss of nutrients; to encourage new dietetic habit-patterns and to overcome dietary prejudices; to discover alternative sources of nutrients; and to popularize the use of less used nutriment such as maize and ragi.

In the meantime, attention is being given to measures such as irrigation and hydro projects which will bring millions of acres of new land under cultivation and provide more electricity. Attempts are being made to improve and modernize agriculture by conducting research on seedlings and by introducing improved methods over the primitive plough and oxen farming. Fishing is being developed along the coastal belt with the hope that this industry might shift the burden of supporting the dietary needs of the people partly from the land to the sea.

An ambitious scheme of improving the railroads and highways is in execution. This will help in speeding the transportation of food, especially perishables, to more distant markets. Preservation of food by canning, dehydration, and refrigeration, is yet to be developed. India will welcome any aid in this direction.

A few feeding stations have been set up where ideal recipes and sample meals are prepared at the cost of eight annas per meal (approximately ten cents). Many thousands of such centres are required but there is a great lack of dietitians to operate them.

Many countries are lending assistance to India. Canada has offered to train nutritionists and dietitians; has received an Indian Agriculture Mission, who were able to visit and study the large-scale methods of food production on Canadian farms, and has

made locomotives and engines available for sale. Ten million dollars worth of wheat has also been made available, under the Colombo Plan, to tide over the present food crisis.

Chronic Undernutrition

A two-and-a-half-year study was made by the University of Cambridge on a large German population suffering from hunger. There was no evidence of real starvation but hunger exerted a very decided effect on the whole social and economic life of the people. Oedema and loss of weight were common and many persons had a slow pulse, low basal metabolic rate, low blood pressure, brisk tendon reflexes, nocturia, or polyuria.

Although undernutrition leads to changes in many physiological processes and biochemical levels, these do not occur in a constant and detectable form until there is well-marked clinical and social evidence of the ill effects of food shortages. The physician who must survey the health of a hungry people needs sound clinical judgment and wide social experience. —*The Lancet*, September, 1951.

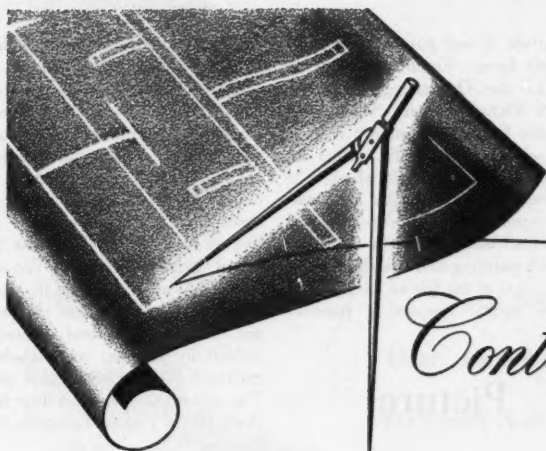
The Haggis—a Scottish Dish

Scotsmen, whose most festive dish is the haggis, may or may not like to be reminded that it is of Greek origin. Though Burns wrote of it as the "great chieftain o' puddin' race," Aristophanes forestalled him in 423 B.C. with an allusion to the same dish in *The Clouds*. The Greeks called it "koila probateia," but, from the description of the dish, it was haggis just the same.

Henry IV introduced the dish into the French Court under the name "hachis". It became popular among the French troops, whose battalion cooks, used to carry it into battle. The English took to it shortly afterwards and it was not until the 18th century that it came to be considered peculiarly a Scottish dish. —*Saturday Night*.

Consciences are just like watches—none go just alike, yet each believes his own. —*Alexander Pope*.

From a report by M. G. Prabhu, M.B., B.S., M.D., Assistant Professor of Medicine, Madras Medical College, appearing in Canadian "Nutrition Notes", April, 1952.



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With the Hospitals in Britain

(The following is an excerpt from "Hospital Organization and Management", Fourth Edition, by Capt. J. E. Stone and published by Faber and Faber Limited, London, Eng. See page 64)

Pictures, picture making, and drawing, are now a feature in many hospitals. In some hospitals the arrangement consists of a picture-lending library and in others — particularly tuberculosis and mental hospitals — the arrangement is directed more to inducing the patients themselves to paint and draw pictures.

The pioneer of the first scheme is the British Red Cross Society, the objects of whose Picture Library service is to bring to patients who have to spend a long time in hospital, interest that transcends the limitations of their surroundings. Beauty is brought to them in pictures reproducing the works of great painters, thus hours of enforced leisure become times for creative experience and activity. An added advantage claimed for the scheme, from the limited standpoint of physical recovery, is that it strengthens the will to recover, which is the essence of rehabilitation. Representatives collect and change the pictures at regular intervals in co-operation with the hospital and educational authorities. The pictures are chosen from a large selection of reproductions, varying greatly in period and style — landscapes and portraits, traditional and modern masterpieces, are included. Many patients who have never thought of studying pictures become interested, leading to a wish to discuss the picture of their choice, to read books on the subject, and even to draw and paint themselves; results which have a real curative value. The full development of the scheme includes lectures and talks, and these are illustrated by simple reproductions or by an epidiascope whenever obtainable.

Hospitals joining the scheme pay an annual subscription according to the number of pictures they wish to have in the hospital — two guineas for ten pictures; four guineas for twenty-five. The hospitals also pay the lecturers an

honorarium of one guinea per lecture and their fares. Enquiries should be made to the Organising Secretary, B.R.C.S. Picture Library Scheme, 14 Grosvenor Crescent, London S.W.1.

The scheme has been still further developed in some hospitals where it is considered that in order that the greatest therapeutic value may be obtained for the patients, a system is necessary by which painting and drawing can be made a part of the life of the hospital. At one mental hospital a patient's

Picture Libraries in Hospitals

group, meeting weekly with a medical officer, has been formed. The idea is to stimulate patients to produce their own pictures and drawings, largely on the impressionist basis, i.e., that the patients should paint their fantasies, dreams or feelings in symbolic form. These pictures were the subject of discussion and interpretation, and the superintendent states that many patients developed an attitude for describing their moods and feelings and thus gained insight into themselves. The new pictures, on arrival from the Red Cross Library, are discussed by this (subsequently reformed) group before being distributed round the hospital. A lecturer visits the hospital once a month and gives two lectures, the first to a small group and the second to a larger group of patients, about one hundred in all, who constitute the "Good Companions Club". This club normally meets once each week. At the two lectures the new batch of pictures is the main subject and for this purpose the Red Cross Society make, as far as possible, each set of pictures

representative of one particular art school or trend.

The National Association for the Prevention of Tuberculosis, working side by side with the Red Cross Society, has promoted what it calls "The NAPT Art Therapy Scheme". The main idea is to encourage patients themselves to draw or paint — a creative occupation — with some professional help. A definite course of training is arranged with the approval of the patient's doctor; competitions are held; drawings and paintings are judged by experts; and scholarships provided for specially gifted patients. The address of the association is Tavistock House North, Tavistock Square, London, W.C.1.

Readers desirous of further reading in the important subject of Art Therapy are advised to obtain *Art Versus Illness* by Mr. Adrian Hill, the English painter, and one of the principal exponents of the value of art as a therapeutic agent.

International Hospital Congress to be held in Britain, May, 1953

The International Hospital Federation has chosen the week immediately preceding the Coronation for the Eighth International Hospital Congress — the first to be held in Great Britain. It will take place in London from May 25th to 30th, 1953, and many of the 1,000 delegates from some 30 countries who are expected to attend the Congress will be enabled to take part in the Coronation festivities during the following week.

Headquarters of the Congress will be at Church House, Westminster, where the Houses of Parliament met during the war years. Since then, Church House has been newly equipped with the most modern provisions for international gatherings, including facilities for simultaneous interpretation.

An exhibition of hospital equipment will be held in conjunction with the Congress and manufacturers are being invited to exhibit their most up-to-date products for the benefit of hospital personnel all over the world.



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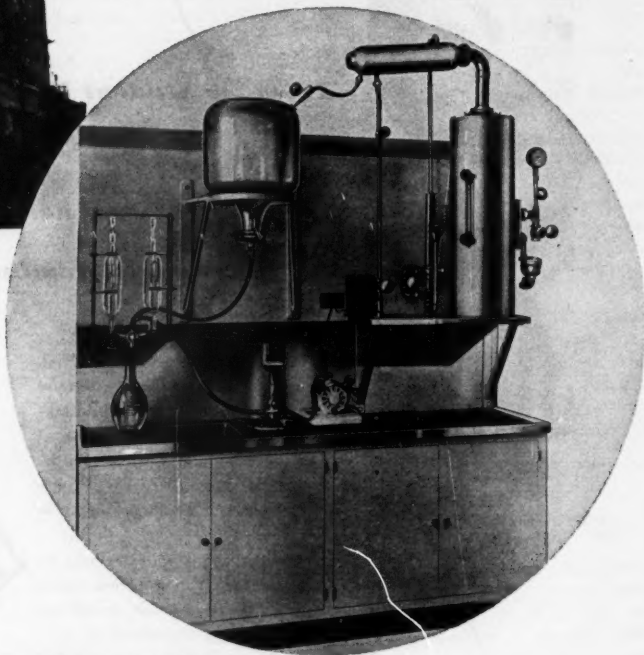




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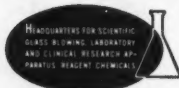


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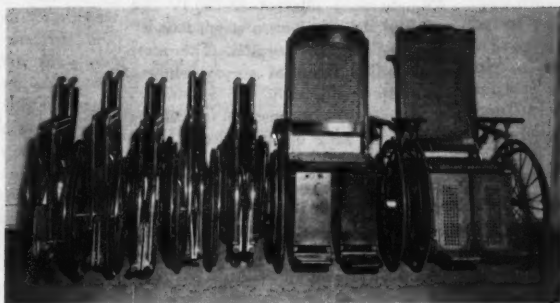
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With the Auxiliaries

Cystoscopic Table Donated to Cornwall General Hospital

The women's auxiliary to the Cornwall General Hospital, Cornwall, Ont., donated a cystoscopic table to the hospital recently. With a membership of 86, this auxiliary has undertaken many large projects for the hospital including the redecoration of the living room in the nurses' residence and the purchase of an electric suction machine for the hospital. During a recent "open house" for National Hospital Day, auxiliary members were in charge of the tea room in the nurses' residence. Members also assisted at the nurses' graduation exercises at the beginning of this month. In the autumn of 1951 a successful ball was held and it has been decided to make this event an annual affair.

Achievements of Auxiliary Date Back to 1895

Records of achievements made by the women's auxiliary to the Woodstock General Hospital, Woodstock,

Ont., date back to 1895. In the early years of the auxiliary the first in a series of annual rummage sales was held; proceeds from these sales often totalled over \$600. In 1907, a house-to-house canvass by the members brought in a total of \$3,196.19 and enabled them to have a steam laundry installed at the hospital. The most outstanding financial accomplishment was the collection of \$20,604.08 which, in 1924, was used to furnish the new west wing opened in that year.

Since the opening of the hospital, which has increased its capacity from 20 beds to over 100, the auxiliary has obtained equipment for the kitchen and laboratory; furnished the nurses' homes; supplied all the linen and bedding used in the hospital and residences; and purchased a lawn mower and lawn furniture.

The first rose day collection was held in 1917 and has continued to be an annual highlight. Each spring a membership tea is held and during the fall the annual penny sale takes place.

Dances are arranged for the nurses, as well as their graduation teas. For each class of new students a weiner roast is held in the fall. Auxiliary members have been furnishing and equipping a sewing room for the nurses during the past two years.

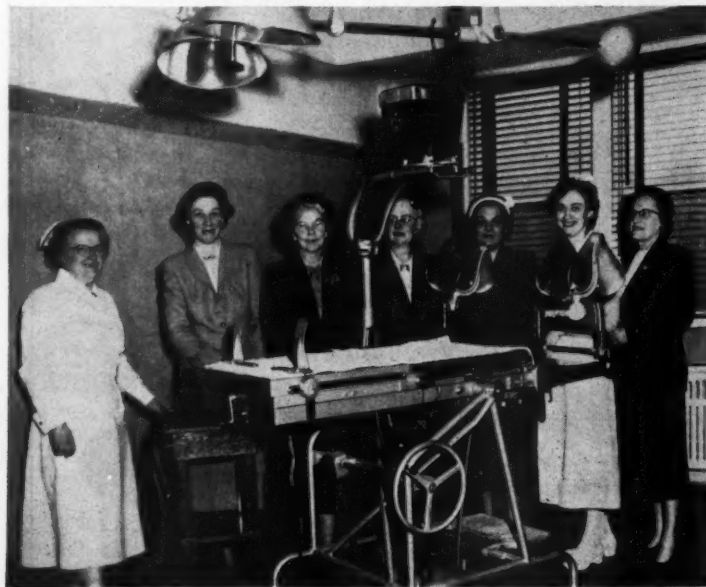
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Auxiliary at Windsor, Ont., Celebrates 20th Anniversary

In April, the women's auxiliary to the Grace Hospital, Windsor, Ont., celebrated its 20th anniversary. During its first year of operation the auxiliary collected \$602.30 for the hospital and, in 1951, the sum of \$3,299.81 was raised. Contributions totalling \$32,000 have been donated to the hospital since the auxiliary's inception. The money was obtained through fees, talent money, private donations, the gift shop, dinner parties, garden parties, rummage sales, bake sales, and the sale of tickets for the annual concert series.

Two decades ago the hospital opened with a capacity of 28 beds; wings have been added and the total bed complement is now 267, including 46 bassinets. Some of the large donations made to the hospital include: x-ray equipment, \$200; basins and a cystoscopic table for the operating

(Concluded on page 96)



Miss Martha Nephew (extreme left), superintendent of the Cornwall General Hospital, Cornwall, Ont., is seen receiving a cystoscopic table, gift of the women's auxiliary. Pictured from left to right: Miss Nephew, Mrs. H. E. D. Bateman, Mrs. D. Ross-Ross, Mrs. J. A. McGuire, Mrs. Henry Raider, Miss Vivian Crouse, operating room supervisor, and Mrs. F. B. Brownridge.

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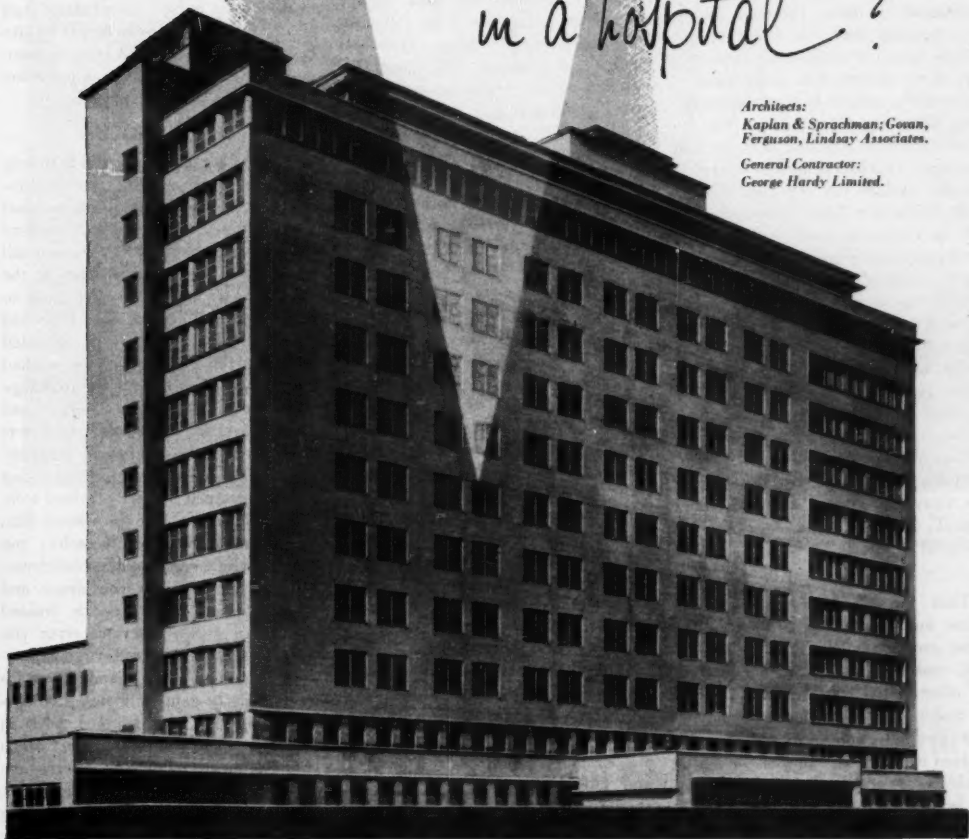
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Standards for X-Ray Department

(Continued from page 30)

tion. Needless to say, the stock of fresh film must also be carefully stored, away from heat and excessive moisture and stray radiation. They should *never* be stored in a damp cellar.

Records

"A complete system of records shall be filed in the department." How futile to make films if you cannot locate them the next day, or week, or years later! An adequate record system for the x-ray department consists of a register or day book for entering the name in full, address, doctor, room number, region to be examined, and serial number. Further information such as financial details may also be included. On the opposite page it is convenient to have columns for a daily running statistical count of the various types of work done since the first of the month. The serial number assigned the patient is repeated on his x-ray films for that day; on the requisition which is pasted onto the file envelope; on the radiologist's written reports; and on his alphabetical file-card. Films are filed numerically as well as copies of each report. Later the reports are bound in books of 500 pages. The key to all this is the alphabetical master file. For purposes of research and teaching, a cross-index of pathological cases will also be kept in the department. This affords ready access to series of similar cases and is often of real value to the medical profession in a difficult diagnosis, as well as for teaching purposes. Where out-patient accounts are collected by the x-ray department, another alphabetical card file will be kept on financial data.

Personnel

Thus far we have discussed the house and furnishings. Important as these are, ultimately it is your staff that makes the department efficient or otherwise. "The department shall be under the supervision of a competent medical radiologist, assisted by trained technicians." One of the major problems for smaller hospitals is bound to be securing such qualified radiological supervision for its x-ray department. In the Maritimes, there are still all too few specialists in radiology; and in some cases, these few are carrying an unduly heavy burden of work, by endeavouring to spread their

service among several small hospitals many miles apart. Some hospitals still have to resort to mailing their films to a radiologist in the nearest city. In such cases it would certainly be helpful if this radiologist could be induced to make periodic inspections of the department.

Fortunate indeed is the hospital which can arrange for daily visits by a certified radiologist, on full-time or part-time basis. The radiologist will be placed in actual charge of the department, even though in a small hospital he will not be spending his full time there. He will have full responsibility for efficient functioning of the technical service. He will select the equipment and the technicians; will make sure the technicians are properly qualified and will outline methods of procedure to be followed, including record-keeping, filing and making of reports; will give the technicians such on-the-job training as seems necessary and supervise their work through regular visits to the hospital. He will perform all fluoroscopic studies. The fluoroscope shall never be used by the technician nor by other doctors, unless by arrangement with the radiologist, since serious harm might result. Details of the radiologist's contract will be worked out between the doctor, administrator, and board of trustees.

The importance of well-trained technicians cannot be overstressed. The technician should be proficient in everything connected with the department except the interpretation of films—which is strictly forbidden by his code of ethics. May I point out that, logically, the place where the best-trained technician is needed is where the radiologist is not able to be present on a regular basis. The chief technician rates as a supervisor and should have his place in the supervisor's conferences. He is responsible to the radiologist for technical procedures, as previously outlined, and to the administrator for general management of the department, care of equipment and supplies, cleanliness and neatness, and interdepartmental relations—particularly such as concern the preparation of patients for x-ray examination.

We are, also, involved with the maintenance department of the hospital. Daily cleaning in the x-ray department presents a problem which is sometimes satisfactorily solved by

having all heavy cleaning done in the evening. It is the technician's responsibility to see to the cleanliness and good condition of all technical apparatus. He should not be above a little housework when necessary. After all, whose department is it, the technician's or the maid's? On whom does the appearance reflect?

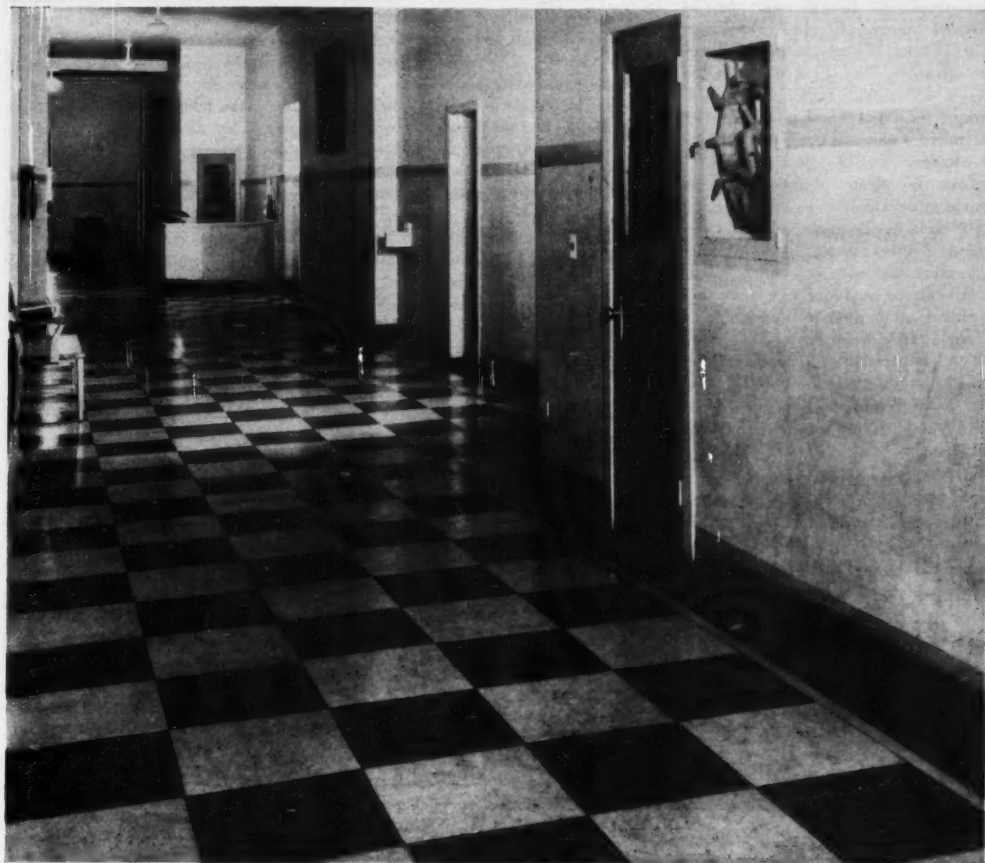
While it is true that medical personnel should at all times stand ready for service, there is a limit to a person's capacity. Hence one of the international recommendations for protection of x-ray and radium workers is a 40-hour work week and a full month's vacation annually. A definite schedule of hours should be established, taking into consideration the peak work loads, and the quieter hours of the day, before distributing staff accordingly. Night calls should be discouraged unless they are genuine emergencies; and adequate compensation should be paid for night calls.

Training Technicians

A hospital's secondary aim is to help personnel improve, by training programs and by encouraging professional organizations. Might I point out here that sending technicians to professional meetings and refresher courses at the hospital's expense usually rebounds to the hospital's benefit in improved technical work. It has been suggested that a method might well be worked out in future, whereby an exchange of techniques between large and smaller centres would work as a sort of revolving refresher course program. You have everything to lose by hiring a poorly-trained or partly-trained technician. You can lose in wasted film (chest films are 75 cents each); you can lose the medical staff's confidence, and the community's confidence and support; and if your poorly trained technician makes a serious error you may lose a lawsuit and your reputation. On the other hand, there is everything to gain by hiring a competent, qualified technician. I have in mind a small hospital from which I have heard glowing reports—enhanced prestige, more admissions, smaller film bill, and, after paying the technician's salary (almost double that of the former technician), a very nice profit which was put aside for the purchase of more modern x-ray apparatus.

(Concluded on page 100)

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Une Affaire de Qualité

(Suite de page 40)

classé d'après la qualité et classifié d'après la couleur; de même une forte proportion du miel vendu dans la province d'origine. Les catégories pour le miel, d'après la qualité, sont les suivantes: No. 1, 2 et 3, et les classes de couleur sont: blanc, doré, ambre et foncé. Les catégories s'étendent à chacune des quatre classes de couleur.

Tout le sirop produit dans la province de Québec, soit environ 80 p.100 de la récolte totale, se vend maintenant d'après l'une des catégories suivantes: Canada de choix, clair, intermédiaire ou foncé. Le contenant le plus employé pour la vente du sirop d'érable est la boîte de fer-blanc d'un gallon (impérial), contenant 13 livres 2 onces, poids net minimum. Le sirop s'est aussi vendu en bouteilles, et se vend maintenant en boîtes de fer-blanc de 26 onces.

Classement des viandes

Tout viande expédiée d'une province à l'autre doit provenir de salaisons inspectées. Dans ces établissements, soumis à des conditions hygiéniques rigoureuses, chaque carcasse est inspectée minutieusement par des

inspecteurs du gouvernement; la viande trouvée saine est marquée "Canada Approuvée". L'inspection doit précéder le classement. Bien qu'il existe des dispositions pour le classement du boeuf, du lard, de l'agneau, du mouton et du veau, le boeuf est la seule viande vendue d'après la catégorie. Dans la région métropolitaine de Vancouver, les règlements provinciaux exigent que tout le boeuf soit vendu d'après l'une des catégories suivantes: catégorie A (de choix ou marque rouge), catégorie B (bon ou marque bleue), catégorie C (commercial) et catégorie D (d'utilité). Dans toutes les autres régions du Canada, le classement est facultatif, et seules les deux qualités supérieures, à savoir la catégorie A et la catégorie B, s'étendent au commerce de gros ou de détail. Tout boeuf classé dans l'une de ces catégories est de la meilleure qualité. La principale différence est que le boeuf de la catégorie B est moins gras et peut avoir une proportion un peu faible de viande par rapport aux os. Une marque en forme de ruban longeant le côté du boeuf dans toute sa longueur, de façon qu'elle se trouve sur chaque morceau, dénote la catégorie, la marque rouge indiquant la catégorie

A, et la marque bleue, la catégorie B. Il existe un certain rapport entre la catégorie du boeuf et sa qualité culinaire. Certains morceaux de boeuf de catégorie supérieure conviennent au rôtissage, tandis que leurs équivalents de catégorie inférieure doivent être cuits à chaleur humide. Au cas où l'on pourrait obtenir de l'agneau ou du veau classé, il est bon d'en connaître les catégories par ordre de qualité: catégories A, B, C, et D. Les poids des carcasses de veau et d'agneau ont un certain rapport avec la qualité de la viande. Les carcasses de veaux pesant entre 80 et 175 livres, et celles d'agneaux pesant entre 35 et 50 livres, sont les plus avantageuses. Quant au lard frais et fumé, bien que toutes les carcasses des porcs abattus aux établissements inspectés soient classées pour fins de paiement au producteur, ce classement n'atteint pas l'acheteur éventuel. La raison en est que la catégorie est déterminée surtout par le volume de gras de la carcasse et qu'à la suite d'un dégraissage, on en arrive à rendre passablement uniformes les morceaux tirés de carcasses différentes quant à la qualité.

Les deux principales catégories de volailles habillées et éviscérées sont la catégorie A, indiquée par une étiquette rouge posée sur la poitrine ou l'aile de l'oiseau, et la catégorie B, indiquée par une étiquette bleue. Les oiseaux de la catégorie A ont une forme parfaite, sont en bon état de chair et engraisés spécialement pour la tendreté et la saveur. Les oiseaux de la catégorie B peuvent ne pas avoir la même apparence, mais ils sont assez gras pour cuire de manière satisfaisante et constituer un bon achat. La vente des volailles par catégorie est maintenant obligatoire dans presque toutes les grandes villes canadiennes. Les volailles éviscérées, qui passent toutes par les établissements inspectés, sont très recherchées.

La production et la vente sont des entreprises de première importance dont le succès est intimement lié au classement. Des classificateurs compétents mettent tout en oeuvre pour déterminer la qualité des aliments d'après les catégories en vigueur. On utilise bien un certain nombre d'appareils mécaniques, mais il n'y a pas de risque à affirmer que le saveur et le savoir-faire auront toujours leur place dans le classement aussi bien que dans l'achat des produits alimentaires. ●

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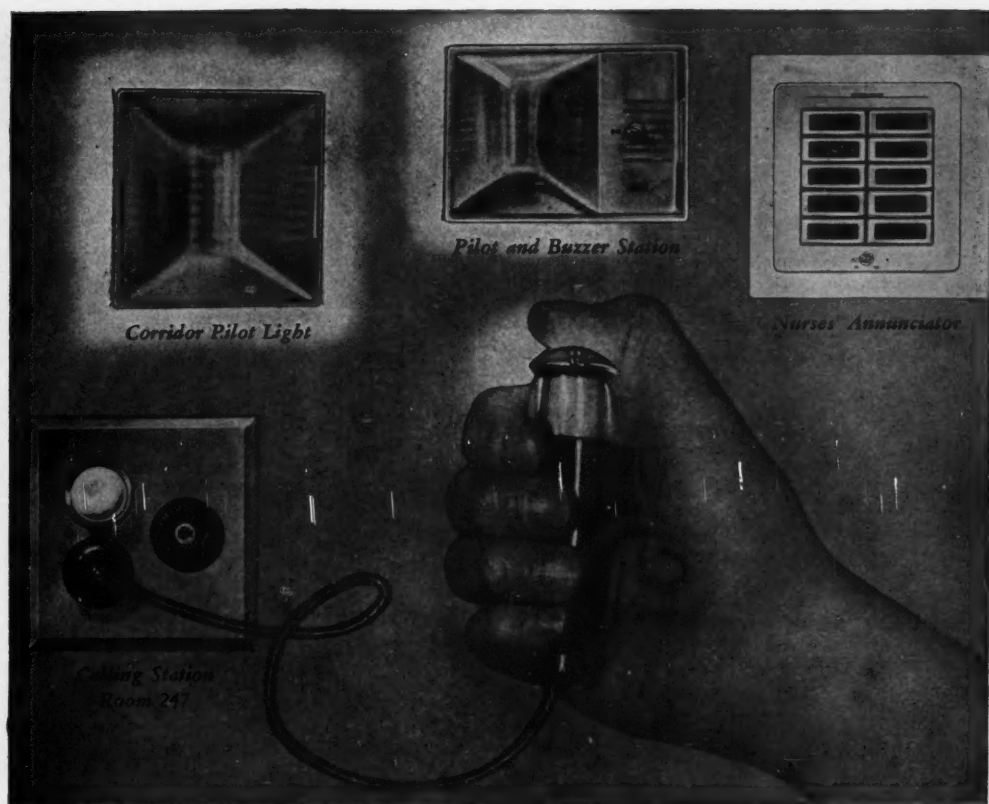
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Why Not Recruit Nurses Among Older Women

(An editorial appearing in the "South Africa Nursing Journal", January, 1952.)

There have been various suggestions recently for relieving the present shortage of nurses but as yet a scheme for training middle-aged women to become nurses does not seem to have been seriously considered.

A move along these lines might well have the desired effect, for there does not appear to be any real reason why the older woman should not be encouraged and she may, in fact, develop into a far more satisfactory nurse than a young girl would.

Against the project there are only one or two things. The older woman may not take kindly to discipline; she may find theoretical work difficult, having had no occasion to study for many years. Further she may not like having to train with and be considered a young probationer. These, however, are not insurmountable objections and, in any case, she is fully aware of them, so if she is prepared to face them, why should she not be given the opportunity?

To offset the difficulties, however, there are far more encouraging factors. In the first place, the woman of 30 or over knows her own mind to a far greater extent than does the 18-year-old. If she enters the nursing profession, she has made a carefully considered decision and is not "taking up nursing" in the belief that she is entering a glamorous profession or taking a short-cut to marriage. She is more mature and, therefore, more level-headed and it is fairly obvious

that if she is prepared to give up whatever work she is doing in order to become a nurse, nursing is her vocation and she is bound to make a success of it.

Again, at a more mature age, it is likely that she is married, widowed or divorced and will be fully aware of the drudgery that will confront her and will have very few illusions about what is expected of her. This alone would go a long way toward helping her to be a successful nurse.

She will have a steady influence on the young probationers with whom she trains and will not be resented, for she will be one of them, learning with them and undergoing more or less the same experience, so that she will not be regarded in the same light as matron, sister, or tutor, against whom some young probationers seem to develop a grudge, sooner or later.

The woman who is, or has been, married will have had her fair share of battling against the increased cost-of-living, so that she will not find it so difficult to manage on her salary and will not resign as soon as she is able because she finds her pay inadequate.

The older woman, too, generally has more patience and understanding than has a young girl and because of that the patients will find her, in most cases, a better nurse.

In every way, therefore, it seems to be a good idea to encourage women, say up to the age of 35, to enter the profession and such a move might go a long way towards solving the problem. ●

ety and sanitary engineers; public and private investment and financing agencies; directors of old age homes, nursing homes, hospitals, and housing projects; and to older people themselves who are interested in contributing to the solution of the housing problem of the aging.

Further information may be obtained by writing to Dr. Wilma Donahue, Institute for Human Adjustment, Room 1510, Rackham Bldg., Ann Arbor, Mich.

Injured Civil Defence Workers to Receive Compensation

The federal government has undertaken to pay half of the cost of compensation which any province may provide for civil defence workers injured in the course of training or duty. The federal government will enter into an agreement with any province to provide that civil defence work, including training, will be considered as employment covered by the provincial Workmen's Compensation Act and that a civil defence worker not otherwise covered by the Act who suffers personal injury by accident arising out of or in the course of his civil defence duties will receive compensation in accordance with the provisions of the Act.

Whenever a province agrees to accept responsibility for such claims and the cost of any compensation awarded, exclusive of the costs of administration, the federal government will share the cost equally with the province.

Blindness Treatment Program Extended by Federal Government

Surgical or remedial treatment to restore sight is now available for suitable recipients of blindness allowances, according to a recent announcement by the Hon. Paul Martin, minister of National Health and Welfare. The new treatment scheme is an outgrowth of an experiment begun in 1949. Under the previous experimental treatment program 76 blind pensioners were treated. Of these, 46 have had good vision restored.

The treatment program has now been put on a continuing basis. All provinces have been invited to join the scheme and several have already done so. The federal government pays 75 per cent of the cost of treatment and the provinces the remainder.

University of Michigan to Hold Annual Conference on Aging

The fifth annual conference on aging will be held at the University of Michigan, Ann Arbor, from July 24-26. Consideration will be given to the housing needs of healthy, chronically ill, confused, and disabled older people, from both urban and rural communities, during the three-day conference.

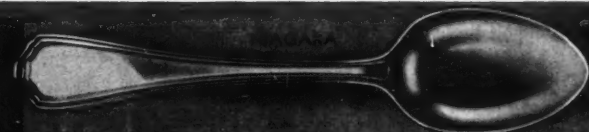
Among the topics to be discussed are types of housing and living arrangements; architectural designs and costs;

hygiene and safety standards; social and economic aspects of housing; and auxiliary services. The conference is designed to serve as a forum for interchanging information and stirring up action on the difficult problems of financing housing for the aging.

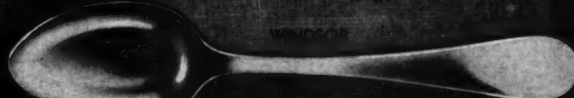
The conference is directed to national state, and local planners; physicians, nurses, and public health workers; industrial retirement counselors; welfare and social work personnel; architects, builders, and realtors; saf-

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The Human Problem

It is good policy for an executive to refrain from doing anything that can be done sufficiently well by a subordinate. If he hugs his job to his bosom down to the last trivial detail, he is being unfair to himself as well as to his people. He deprives himself of the opportunity to deal with more vital problems, to consider and plan expansion and improvement. He is, truly, working himself into an early grave.

Of course, one must not go too far. No good executive tries to delegate everything including his own responsibility for seeing that the job gets done well. Those who do so have probably come into their offices by inheritance or accident and not by winning their spurs in the open field.

Of all the problems faced by an executive, the human problem far exceeds the mechanical in difficulty. No predigested psychology will give the executive what he needs in human understanding. It is good to study but theory must be tried out and applied so that the right response becomes habitual.

It takes a big man of superior

quality to be capable of treating little men so as to gain and retain their respect and affection. He is the sort of man who, instead of climbing upon his fellow workers whom he has pulled down, sets himself to help everyone around him in order that he may go up with them. No man has true power, poise, charm, or good personality, unless he has a genuine interest in people.

It is necessary to get along well with associates on the executive's level. There is a temptation for the young or new executive to lean over backward rather than appear to be a "yes man". Instead of that, he should accept gladly every gesture of friendship and help, seek to understand his associates' problems, give the feeling that he is genuinely interested in their work and accept in good part even irritating things if his good sense tells him they are for his benefit.

Only if morale is high in a firm will production be high, both in quantity and quality. Morale means more than an occasional staff party. It means that every man is interested in the success of the firm and works for it. Field Marshal Sir William Slim,

Chief of the Imperial General Staff, is quoted in the *Canadian Army Journal* as stating this in a striking way: "An army must have generals to lead it but if the only men in it who have the mark of greatness are the generals, it will win few victories". —"The Royal Bank of Canada Monthly Letter", October, 1951.

Embarrassing Moments

"Have you anything to declare?" the customs inspector asked the pert young thing in the jaunty hat and flaring top-coat.

"Nothing," she said.

After looking her over speculatively, he told her to turn around.

"You're sure you have nothing to declare miss?" he said again.

"Nothing," she repeated, smiling coyly at him over her shoulder.

"Then I am to assume that the fur tail hanging down from under your coat is your own?"

Almost all absurdity of conduct arises from the imitation of those whom we can not resemble.—Samuel Johnson.

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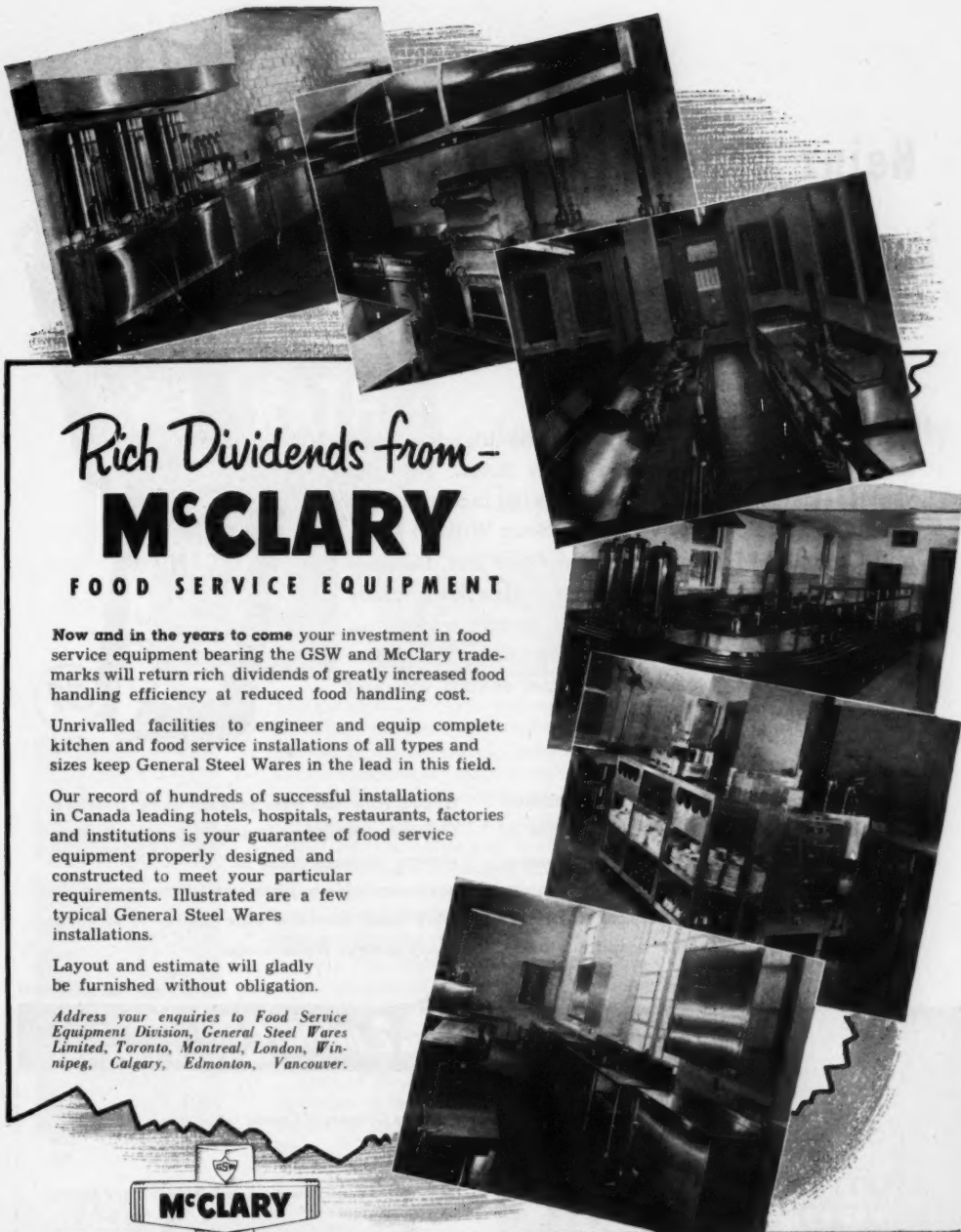
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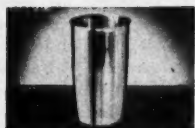
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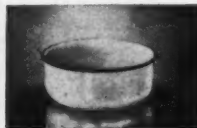
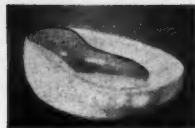


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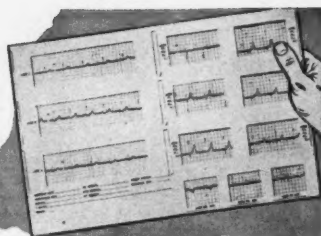
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*The Med. Clin. of North
American (Jan.) 1952, p. 93.

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Physical Handicaps

Perhaps the greatest service which can be rendered to the physically handicapped child is to help him adapt himself to his disability, not in a spirit of passive resignation but of determination to overcome his sense of handicap and to fit himself for a useful and satisfying position in life. It is here that the services of trained educators, social workers, and experts in vocational guidance are essential. The education of the physically handicapped child should commence as early as possible, should be continuous, and should be undertaken by teachers who can approach and handle a child who is likely to be backward and distrustful of his own abilities.

Along with this education, it is of the greatest importance that the capabilities of the child for training and subsequent employment should be carefully tested and assessed by vocational guidance experts. Training colleges for the more severely crippled are often necessary but all young people capable of undertaking their training in the company of able-bodied youngsters should be encouraged to do so, as it always increases their sense of independence and self-reliance.—
World Health Organization.

One Solution

From a 28-bed hospital in Arkansas comes an idea with the specific long-range purpose of ensuring a dependable source of nurses for the hospital. The medical staff has created a scholarship loan fund to which ten staff members each contribute \$40 annually. This sum is used to pay the fees for one student nurse during her training period. In return for this financial assistance the trainee signs a contract that she will practice nursing for three years at the hospital—at the customary rate of pay — and that she will repay 50 per cent of the loan.

After five years of operation, three trained nurses are now under contract to the hospital. The 50 per cent of each loan, which the trainee agrees to repay, is added to the fund for other trainees. Hospital officials believe the plan will be self-supporting within six years.

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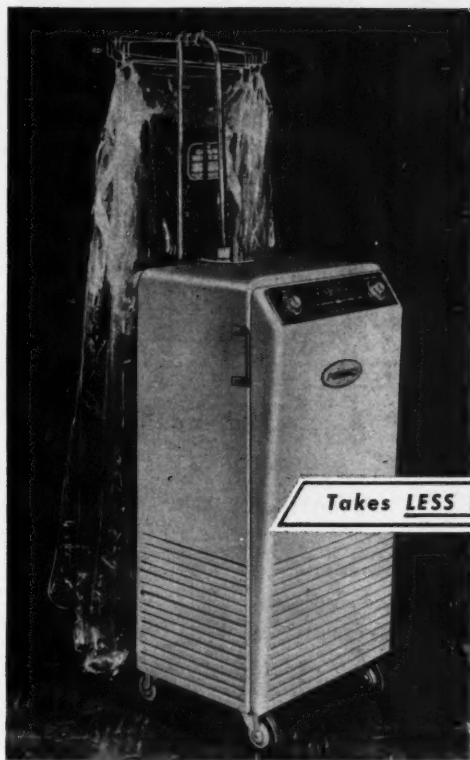
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Five top-ranking public health administrators from India arrived in Ottawa on May 12th for an eight-week study of public health services in Canada. They were joined later by two officials from Ceylon and one from Pakistan.

cialists are being brought to this country for special training.

In Ottawa, the group conferred with officers of the Department of National Health and Welfare and visited the Laboratory of Hygiene, and the Dominion Bureau of Statistics. They spent a full day studying the operation of the city health department, with particular attention to food sanitation, immunization practices, and school health.

Montreal, their visits included the research centres of McGill University, the Montreal Neurological Institute and several anti-tuberculosis services.

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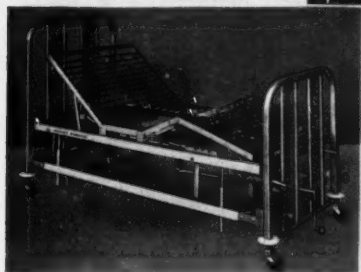
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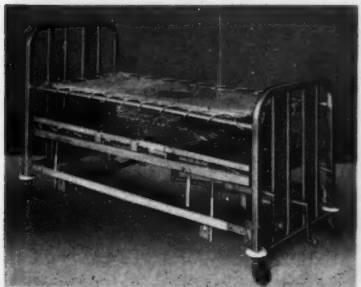


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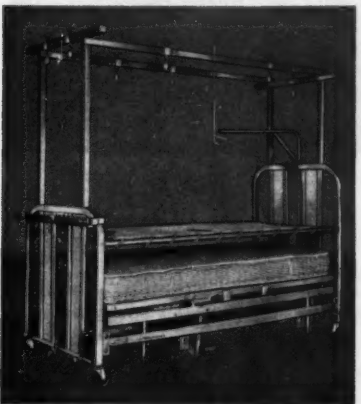
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As an exclusive Metal Craft development, the bed is built to the highest quality standards with smoothly functioning controls, easily applied attachments, ball bearing casters, etc. Write for prices and complete specifications.

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FOR TO-DAY'S MODERN HOSPITALS

**A MATCHLESS PAPER SERVICE
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WAXED OAKEN BUCKET TUBS. 35 oz., 53 oz., 83 oz., 165 oz.

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SNAP ON LIDS AVAILABLE

PLEATED FLAT BOTTOM WATER CUPS
#500 (5 oz.) #450 (3 1/2 oz.)

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HOSPITALS CAN GET SICK TOO! Does your hospital never seem to "catch up" on work? Does your hospital have difficulty holding help? Does your hospital find overhead rising rapidly?

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Lily Cups and Containers are "just what the Doctor ordered" for increased efficiency, and greater economy, in hospital kitchens! **LILY SAVES TIME:** many foods can be pre-portioned ahead of mealtime rush, with no clean-up problems! **LILY SAVES ENERGY:** reducing nurse fatigue, because they're light! And from the patient's point of view — there's absolutely no worry of cross-contamination. Write today for free samples — find out, by actual test, how Lily Cups and Containers can work for HOSPITAL ECONOMY!

★ **NEW!** the Lily GRADUATE cup—conveniently marked in ounces, cc's, tablespoons and teaspoons. Space is provided for patient's name, room number and time for receiving medicine.

LILY CUPS LIMITED

300 DANFORTH ROAD

TORONTO 13

With the Auxiliaries

(Concluded from page 78)

room, \$600; a binocular microscope; three incubators; an oxygen tent; an obstetrical table; two operating room lights; an autoclave; and a resuscitator. Various sections of the hospital have also been refurbished and redecorated; and \$5,000 was spent on air-conditioning equipment for the labour room, doctors' room, and sterilization room.

A \$500 scholarship for nurses in training is given annually, plus an additional \$100 if necessary. Members have also set aside a \$1,000 bond to be held in reserve to help toward the construction of a new nurses' residence. The ladies of this auxiliary also find time to sew and in one year, 1950, 15,465 articles were made.

Aid to Portage la Prairie, Man., Donates \$900 to Hospital

A donation of \$900 was made to the Portage la Prairie General Hospital by the ladies aid. Of this sum \$432 will be used to buy linens and the remainder will be used to purchase equipment which is needed at the

hospital. A number of money-raising projects have been undertaken this spring, including the Easter dance and the "rags to riches" drive. Members of the auxiliary also assisted with the nurses' graduation exercises in May.

Speech Therapy Department Asset to Children's Hospital in Australia

In the 71st annual report of the Royal Alexandra Hospital for Children, Sydney, Australia, the work of its speech therapy department was outlined. At present some 391 children are receiving treatment for speech defects and the satisfactory results which have been achieved to date reflect great credit on the painstaking efforts of the staff of speech therapists. A newly acquired tape recorder, purchase of which was made possible through a special donation, has been a valuable asset to the department both for teaching purposes and as a record of the patient's progress.

The hospital also conducts in this department a full-time, three-year course of training in speech therapy and awards a Diploma of Speech Therapy to successful candidates. The

growing public interest in this important field is shown by the large number of applicants for training. Of 13 students who commenced the course in 1949, 12 completed their studies at the end of 1951. Another 13 students are in their first year of training. A number of these students or recent graduates had been awarded Commonwealth Scholarships or were trainees of the Australian Department of Public Health.

Research in Tuberculosis

New methods of isolating and identifying the tubercle bacillus are being investigated by the department of bacteriology and immunology of McGill University, Montreal, and the research is being financed by a federal health grant. Development of a speedier and more exact laboratory technique for identifying the tuberculosis germ would be a substantial help to doctors and to public health workers.

The study is being carried out by Miss Roma Z. Hawirko under the supervision of Professor E. G. D. Murray, chairman of McGill's department of bacteriology and immunology.

Gibbons Quickset Jelly Powder

Flavour—

17 out of 22 people called the correct flavour on a blind test by taste.

Yield—

36 standard 3 oz. servings from every pound.

Speed—

We served from powder to finished dessert in 15 minutes.

Economy—

Approximately "A cent a Serving".

This is the season for your Lime, Orange, and Grape Rickeys. One gallon makes 256 five ounce, cool refreshing drinks.

ALL ORDERS PREPAID

GIBBONS QUICKSET DESSERTS

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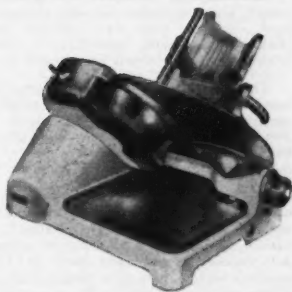
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for that Extra Touch
of Eye
and Taste Appeal

WITH ACCURATE PORTION CONTROL

All these appetizing dishes were prepared quickly on the BERKEL. They look like the work of a master chef and yet, because the machine provides the skill, even inexperienced help can make them. This versatile slicer can handle more kitchen duties than any one picture could ever show. In addition to meats it slices vegetables, fruits, melba toast, brown bread, chicken or turkey breasts and many other foods. Portions and costs are controlled accurately and look larger and more appetizing. Write for free Portion Control Chart and information on this cost-saving slicer that your employees will like to use.



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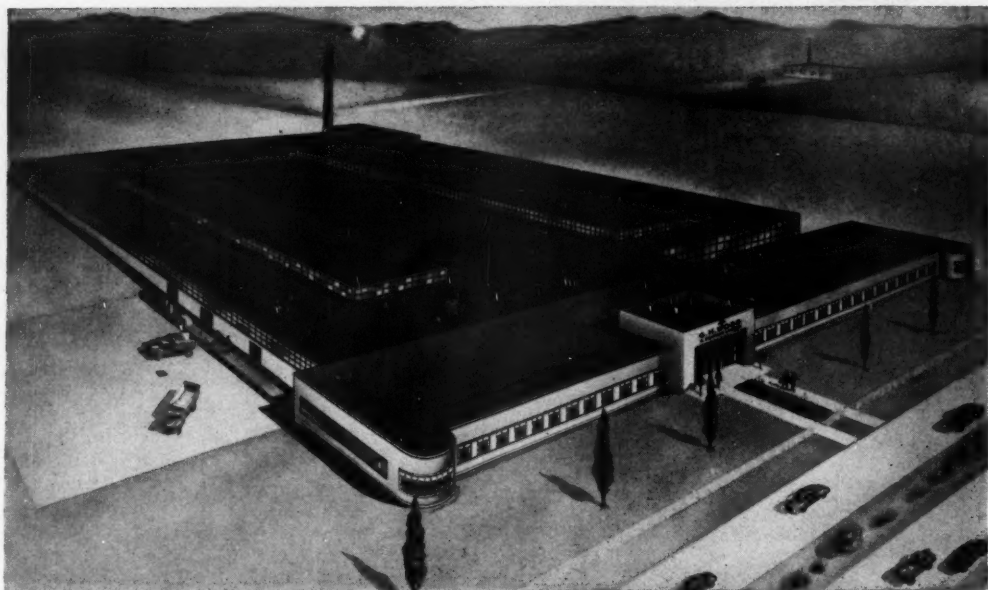
☐ Please send illustrated catalogue on complete line of Food Processing Equipment.

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NEW G. H. WOOD & CO. BUILDING COVERS NEARLY TWO ACRES



G. H. Wood & Company Limited, one of Canada's largest manufacturers of sanitation products, has completed the transfer of its head office, warehouse and factory from the old Keele Street location to the company's new and spacious plant just outside Toronto.

The ultra-modern building, which covers almost two acres and houses more than 260 employees, is situated at the foot of Zorra Avenue, Queensway, about 10 miles from downtown Toronto. It faces on the Queen Elizabeth Highway—a through route from Toronto to Hamilton.

The company, which also has factories in Montreal and Vancouver, plans to make this site permanent headquarters for its head office and main plant, and has provided for extensive expansion by acquiring approximately eight acres of surrounding property, much of which has already been landscaped.

The new building, in which the company plans to manufacture many new lines in addition to those already being produced, is constructed of brick, concrete and steel. In line with the modern trend, all basement areas have been eliminated. Heating, ventilation and power equipment are located in a compact "service room" in a remote corner of the plant.

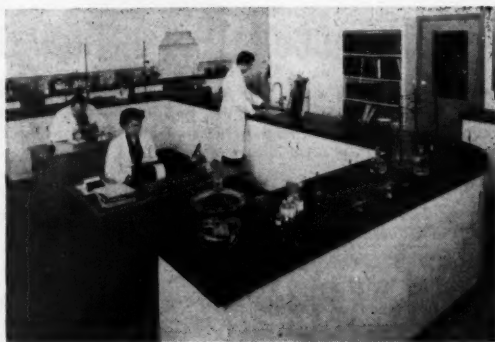
The G. H. Wood line comprises more than 200 products, most of which are manufactured by the company and sold under the slogan "Sanitation For The Nation". Included are pressure-packed products such as antiseptic soaps, toilet soaps, disinfectants, deodorizers and insect sprays and repellants . . . and package products such as bath salts, bubble bath, soaps, deodorizers, moth-killers and the extraordinarily successful "Lamorene" rug cleaner, recently launched through retail outlets in Eastern markets.

The G. H. Wood paper division, greatly enlarged since the company moved into its new plant, now manufactures custom and stock design place mats, coasters, linenized hospital paper tray covers, lace paper doilies and many other specialty papertries. This division also handles the distribution of paper drinking

cups, paper towels—folded and rolled—and soda fountain paper services.

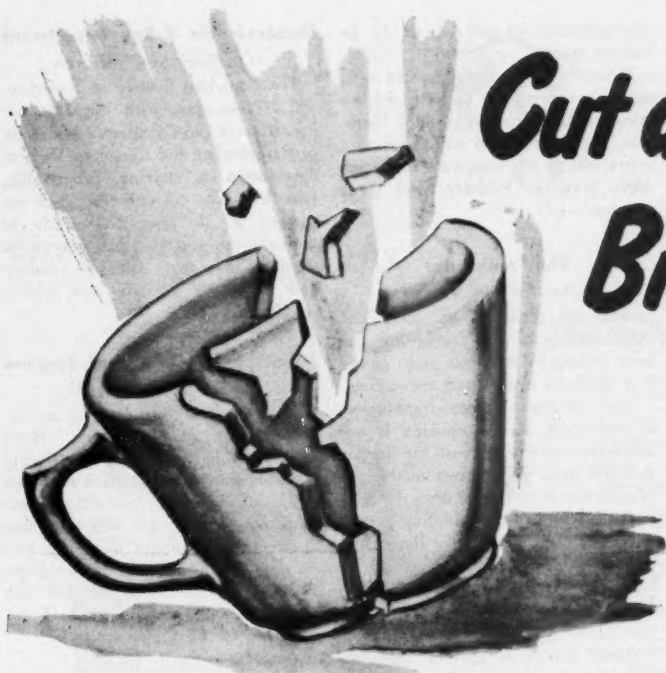
A new product, the demand for which is increasing rapidly, is "Silva Chips", an aluminum foil line of butter chips and specialty service items.

For all plant and office employees the company provides morning and evening bus transportation, a bright, well-equipped cafeteria and a modern first-aid room with a full-time nurse in attendance.



To ensure the purity and uniformity of its products the company maintains a modern research and testing laboratory where highly qualified chemists sample all incoming materials and keep close watch on company products while in the process of manufacture.

"Sanitation For The Nation"



Cut down on Breakage

It costs less to
serve meals in
genuine

DIXIE CUPS



HOT DRINK DIXIES with and without handles for coffee, tea, cocoa.

COLD DRINK DIXIES for water, milk, fruit juices, and soft drinks.

SAMPLING DIXIES for cream, sugar, mustard and condiments.



PAC-KUP FOOD CONTAINERS for ice creams, desserts, and salads. Tight fitting lids for pre-packing portions.

DIXIE FOOD DISHES for ice cream, salads, puddings and fruits.

Some institutions report almost 100% breakage of glassware monthly. Others say they re-order a complete new set of china cups every other month. That's a lot of breakage! And a lot of extra overhead to pile on today's already soaring operating costs.

Genuine Dixie Cups and Food Containers are one sure way to cut down on this expensive breakage. Used but once, Dixies never have to be washed, sterilized, stacked or sorted, greatly reduce breakage costs . . . as well as save on dishwasher's wages . . . hot water, soaps and detergents.

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DIXIE CUPS . . . the paper cups everybody knows by name



DIXIE CUP COMPANY (Canada) LTD.

"Dixie" is a registered trade mark of the Dixie Cup Company

BRAMPTON, ONTARIO

Book Reviews

(Concluded from page 64)

This one volume was not meant to be an encyclopaedia, though it has almost arrived at those proportions. For ease in handling, we feel that it might well have been published in two or more volumes. The index is somewhat confusing at first in that there are, in certain cases, so many items listed under one heading, with very little indenting and no change in size of type. This doubtless arose in an effort to conserve space and any difficulty will be eased as the reader becomes accustomed to using it.

A certain percentage of the data given in this volume may not be applicable to hospitals in Canada because of inherent differences between hospital organization here and in Britain, to say nothing of changes under the Health Services Act. Nevertheless, there is much to be learned from hospital practices in the mother country, and the author presents an almost infinite number of ideas which might well be adapted for our own use. Wherever possible, administrators should have and refer to this comprehensive volume and teachers of hospital

administration cannot afford to be without it.

Whatever the consensus of the field may be concerning Captain Stone's latest contribution to hospital literature, his compendium will stand as a monument to his vast store of knowledge, ceaseless industry, and great courage.—J.F.

The Frankfurter

(Concluded from page 44)

packed and ready to be eaten. The outer surface of this frankfurter has been formed by the meat itself, giving it a delicious smoky tang throughout.

Since the meat in these frankfurters is precooked, further cooking is unnecessary and simply spoils the flavour and juiciness. The correct method of preparation is merely to drop the skinless frankfurters into boiling water, cover the pan, turn off the flame, and let them heat through for 5 to 7 minutes. Tender and juicy, the frankfurter is now ready to serve. In addition to its delicious flavour it is an excellent source of proteins and fats and contains vitamins B₁ and B₂, as well as niacin.

Standards for X-Ray Department

(Concluded from page 80)

The Canadian Society of Radiological Technicians, with the fine co-operation of the Canadian Association of Radiologists and Canadian Medical Association, is striving, progressing, year by year, towards the goal expressed in its motto: "*Scientia et mores*"—the goal that all x-ray work be done in a truly scientific manner and according to the best ethical tradition.

Nutrition—A Decade of Progress

(Concluded from page 54)

among nutrition workers and the co-ordination of their activities. Much more must be done, both in defining more accurately the nutrition problems of Canadians and in extending efforts along educational lines. With the active co-operation developed within the past decade, health and nutrition workers in all fields can move forward with continued optimism toward better nutrition for all Canadians.

Fun is like insurance—the older you get the more it costs.

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*Hospital
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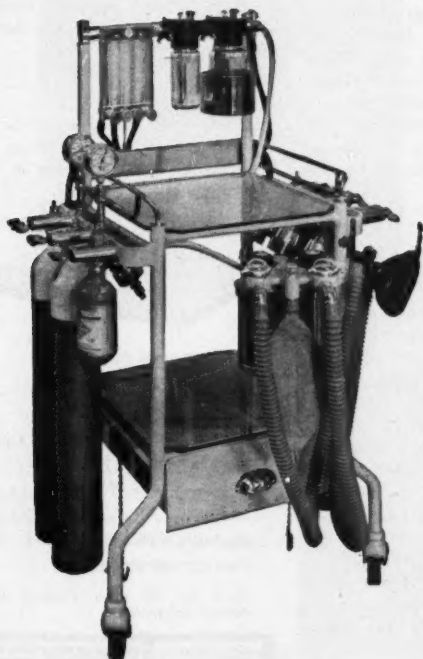
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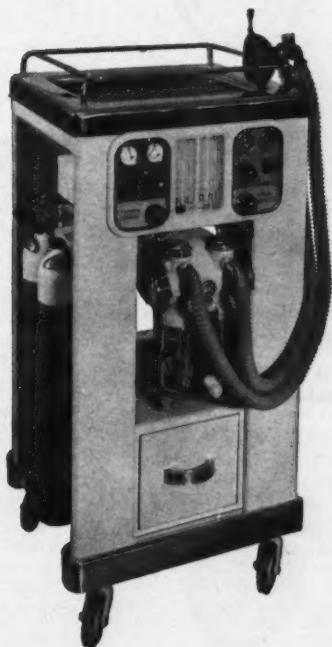


The "Centanaest"

- A Development of the Model 'H' Boyle Apparatus in which the Table is superseded by a Cabinet of Modern Aseptic Design.
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- Four Gas Rotameter Unit for accuracy in Gas Measurement.
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*Medical Oxygen: Oxygen/Carbon Dioxide Mixtures: Nitrous Oxide: Cyclopropane.
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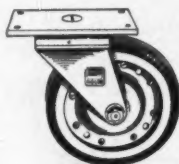
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Darnell Stretcher Casters with "Duplex Brake" are paramount in this field.

They can be supplied with 8" or 10" Wheels.



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WRITE

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105—30th Street, Toronto 14.

Romance of Spices

(Concluded from page 46)

All of the fine recipes did not come from Europe, however. Such purely American dishes as Boston fish chowder and pumpkin pie were common on the tables of the merchants in Massachusetts and the planters in Virginia. The famous clipper ships raced to see who would arrive in Boston and Norfolk first with the valuable spices.

Today, these seasonings are common in many table dishes. However, the next time you sit down at the dinner table and pick up the pepper shaker, perhaps you will visualize the men loading this precious substance upon the backs of buffaloes at Malabar, or Vasco da Gama rounding the Cape of Good Hope.—M.K.

If It's Made With Cheese

(Concluded from page 50)

lent for cheese trays, and in all cheese dishes such as omelets, souffles, rare-bits, casserole dishes, and sauces.

Canadian Processed—plain, pimento, swiss, and blue flavoured. Its mild flavour is just right for sandwiches, snacks, sauces, in casseroles, and on cheese trays with fruit and crackers.

Cream—plain, relish, pimento, pineapple, chive, roka, and smoked. Good for sandwiches, snacks, salads, and appetizers.

Limburger—a strong cheese, with an elegant flavour beloved by its devotees.

Swiss—appealing nut-like flavour, with distinctive "eyes", due to the action of the enzyme used in its manufacture. Delicious with rye bread, in salads, and with crackers.

Brick—light in colour, noted by the tiny "eyes". Tasty in sandwiches and on cheese trays.

Blue Veined—a welcome addition on any cheese tray or served with crackers. Also excellent for salads and dressings.

Edam—large and round—coated with red wax. This mild flavoured cheese is wonderful on the cheese tray.

Gouda—round and red like a miniature cannon ball. Looks like a baby Edam. Mild flavour that makes it equally adaptable with crackers or fruit for dessert.

Camembert—usually served in portions. Creamy in colour and texture and usually in a semi-liquid state.

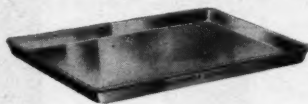
Cottage Cheese—excellent for salads,

sandwiches, with fresh fruit for dessert, and in baked items too. Usually available as creamed cottage cheese, it is creamy white in colour and has a flavour that blends elegantly with a variety of foods.

Wine Cured Cheddar—a special for cheese trays. This cheese is top quality cheddar, which has been cured with wine.

Wine Cured Processed—just right on crackers and in sandwiches. This tangy flavoured cheese spreads easily.—*Courtesy, Dairy Foods Service Bureau, Toronto.*

Lettuce is like conversation: it must be fresh and crisp, so sparkling that you scarcely notice the bitter in it.—*Charles Dudley Warner.*



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Seamless Drawn Trays 15" x 21" x 7/8" deep, and 12" x 18" x 3/4" deep. FOR BAKING, STERILIZING, ETC. Also made in Tinplate, Aluminum, Aluminized Steel and Blue Polished Steel, in five convenient sizes.

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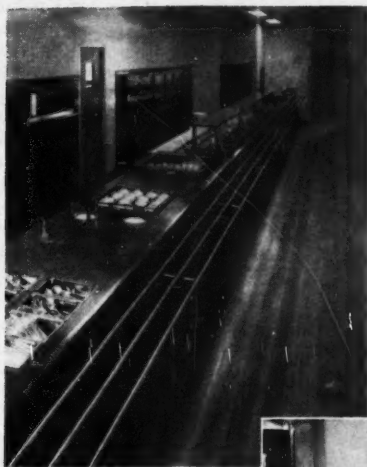
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1. View of North Cafeteria Counter.

2. Partial view of Preparation Room

3. View of dish and glass-washing area.



Cafeteria *outstanding in Design* *and function*

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HOSPITAL CAFETERIA INSTAL-
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Health Survey Reports

(Continued from page 58)

laboratory service to serve two or more doctors working together.

The establishment of a provincial training school for nurses, either in New Brunswick or as a joint project with the other Atlantic provinces, was advised. Such a school would provide courses in nursing specialties and supervision; thus helping to prevent the loss of nursing personnel to other

parts of Canada. The committee also suggests that more hospitals be asked to train nurses' aides and that training courses be developed in home nursing and housekeeping.

A suggestion that a national plan for prepaid dental health insurance for children be given serious study by the federal government, is a recommendation of the report. It is felt that sufficient dentists are not available to extend this plan to include adults. The report further recommends that a study

be made with the object of subsidizing dentists to work in low income areas.

The committee recommends an increase in the number of beds in general hospitals to at least 3,055, by 1958, and a program of replacing obsolete buildings, particularly those which have fire hazards. It suggests that approximately 1,000 beds should be provided for the chronically ill in various sections of the province and that these beds should not be centralized in one or two areas. Minimum bed requirements for mental patients are estimated at 2,580; and a recommendation is included favouring the establishment of a training school for mental defectives "at the earliest opportunity".

More than 75 recommendations are made involving the business administration, financing, educational facilities, medical services, records, and design, of hospitals.

Many of the committee's recommendations for improved treatment facilities for tuberculosis and the development of a rehabilitation program have already been implemented with the aid of federal grants. This is also true of the program for cancer control.

The committee endorsed the program of the provincial division of child and maternal health which includes improved facilities for pre-natal care; an educational program, especially regarding nutrition in pregnancy; improvements of hospital facilities and the establishment of centres to care for premature babies; expansion of the school lunch program; and continuation of the present program for the treatment of crippled children, with the establishment of rehabilitation services for them.

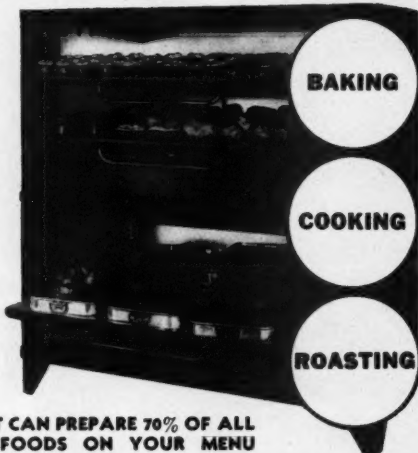
Setting up of five community psychiatric clinics at strategic points throughout the province is recommended in the report on mental health services. Also included are recommendations for provision of 1,500 additional beds for mental hospitals and a comprehensive program for the care of the mentally retarded.

Extensive recommendations are suggested for re-organization of the Department of Health and Social Services, including the establishment of new divisions and a consolidation of the health districts. The section on public health and hospital laboratory services suggests establishment of four branch laboratories to serve specific areas of the province.

NOW IN CANADA

BLODGETT SECTIONAL OVENS FAMOUS FOR OVER 100 YEARS

Now Canadians can buy these famous, modern sectional ovens that have proven themselves in performance since 1848. Shown is model No. 959 one of Blodgett's 24 gas-fired ovens. Visit your equipment dealer or Garland-Blodgett Ltd. in Toronto and learn of the many advantages sectional ovens offer in flexibility, capacity and economy. Blodgett's reputation—OVER 100 YEARS OF IT—makes Blodgett sectional ovens first in demand.



**BLODGETT CAN PREPARE 70% OF ALL
COOKED FOODS ON YOUR MENU**

Blodgett's No. 959 model (shown) two section oven gives you two separate heat controls which allows you to bake, roast and do general oven cookery at the same time at different temperatures. A Blodgett is continually producing for you because it can take care of as much as 70% of the cooked food items on your menu. The flexibility of design makes it possible for small operators to start with a one section oven and add another section to it as business increases.

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FOODCRAFT Salt Free Soup Bases are a boon to patients on a salt free diet. And, because of **complete analysis** of food value, they are also excellent for patients on a variety of prescribed diets. Soups prepared from them are both nourishing and appetizing, so important where diet consists only of liquids or semi-solids.

VITAMINIZED Soup Bases, both salt free and regular, are another exclusive Foodcraft feature. Two servings of these soups daily will provide sufficient of the vitamins Thiamin, Riboflavin, and Niacin for the average adult requirement.

In all soup bases, as in its other products, Foodcraft strives for the maximum in balanced food value and the utmost in taste appeal.

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Recettes délicieuses

(Suite de page 44)

2. Battre les oeufs, y ajouter le lait, le sel et le poivre puis bien mélanger ensemble.

3. Verser sur le macaroni.

4. Ajouter quelques petites noisettes de beurre sur le dessus des plats.

5. Faire cuire au four modéré à 350°F durant environ ½ heure.

6. Tenir et servir chaud.

Crème veloutée

(Nombre de portions: 75 environ)

Ingrédients:

Jello en poudre à l'essence désirée, 5 tasses

Eau chaude, 3 pintes

Sucre granulé, 6 tasses

Crème à 15%, 3 pintes

Direction:

1. Dissoudre le jello et le sucre dans l'eau chaude.

2. Mettre dans le bol du mélangeur électrique et fouetter.

3. Verser ensuite la crème à 15%.

4. Laisser brasser jusqu'à consistance désirée.

5. Servir dans des coupes à dessert.

Marshmallow ou Guimauve

Ingrédients:

(Nombre de portions: 75 à 100)

Sucre granulé, 10 tasses

Eau bouillante, 5 tasses

Gélatine neutre, 5 cuillers à table qui a trempé dans 2 tasses d'eau froide.

Direction: Faire bouillir.

Blancs d'oeufs, 10

Direction:

1. Battre au mélangeur électrique jusqu'à ce que montés en neige ferme.

2. Puis, y ajouter le mélange ci-haut après avoir bouilli.

3. Continuer de battre jusqu'à épaississement.

4. Ajouter l'essence désirée.

5. Saupoudrer de sucre en poudre ou beurrer légèrement le récipient destiné à recevoir le mélange. Couper

après réfrigération et garnir au choix.

6. On bien servir comme dessert dans des coupes.

Fricandeau

(Nombre de portions: 125.)

Ingrédients:

Boeuf haché, 8 livres

Veau haché, 8 livres

Lard haché, 8 livres

Oeufs battus, 12

Lait, 2 tasses

Chapelure sèche, 12 tasses

Sel, 10 cuillers à table

Poivre, 1 cuiller à table

Muscade, 1 cuiller à table

Oignons hachés, 6

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2. Former des rouleaux.

3. Mettre dans des casseroles graissées.

4. Ajouter des noisettes de beurre sur les rouleaux.

5. Faire cuire au four à 350°F durant 1½ heures.

6. Servir avec la sauce.

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Simple to use...high in efficiency...low in cost...ATI Steam-Clox warn against human or mechanical error during the sterilization process. You avoid worry and eliminate uncertainty because ATI Steam-Clox check all three essentials of sterilization: Steam, Time, and Temperature.

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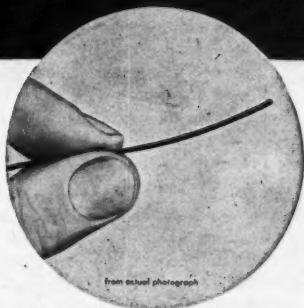
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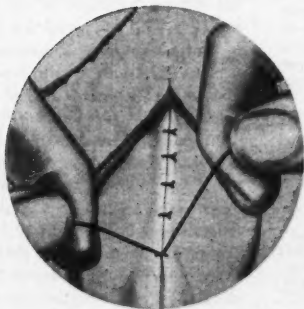
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50 strands 18" and 38 strands 24".

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LIMITED MONTREAL

Federal Grants

(Concluded from page 70)

lems; and for the instruction of nurses and interns in the care of these cases. It is expected that this service will be of major assistance in helping children back to normal living and will be a great help to child-care agencies in Manitoba.

Public Health

Five health units in Alberta have just been allotted federal grants to assist them in expanding their services. They are the Foothills, Sturgeon, Le-

duc-Strathcona, East-Central, and Mountainview units.

In the Foothills unit a new sub-office has been opened at Vulcan, about 40 miles from the main office at High River. The nursing service is being expanded by the addition of a third public health nurse and the sanitary inspector, who formerly worked part-time, is now employed full-time.

The Sturgeon and Leduc-Strathcona units were formed recently by dividing the Edmonton Rural Health Unit. Formerly, a medical officer of health

and a sanitary inspector covered the entire area. Now, full-time employees are provided for each half of the former unit. About 2,000 people have been added to the population served by the Sturgeon unit through the inclusion in it of the new town of Redwater.

The Alberta East-Central Health Unit is an expansion of the former Stettler Health Unit. About 26,000 people were added by including in its boundaries the Camrose, Coronation, Castor, and Provost districts. A new office has been opened at Camrose and two sub-offices are being planned. Two additional public health nurses are being employed and a sanitary inspector has been put on full-time instead of a part-time basis.

The former Rosebud (Didsbury) Health Unit has been expanded to include an additional 10,000 people and has been re-named Mountainview. A new office has been opened at Bowness, near Calgary; two additional public health nurses have been employed and the sanitary inspector has been put on a full-time basis. Additional clerical help is also being provided in all five health units.

In addition to assisting with salaries, the federal grant will also pay part of the cost of medical supplies and equipment required for the new offices. In Alberta, the municipalities pay 40 per cent of the cost of local public health services.

Tuberculosis

Quebec's campaign against tuberculosis is to be reinforced by the establishment of permanent x-ray clinics in 12 of the province's county health units. A \$45,000 federal grant has been set aside to buy the x-ray equipment for the clinics. The permanent clinics, available at all times of the year, will be useful for diagnosis of suspected cases, examination of persons in contact with tuberculosis, and for follow-up care of patients discharged from sanatoria.

Although great progress has been made in the past four years in the attack on tuberculosis in Quebec, the most recent figures show a death rate from this disease of 39.3 in the province compared with the national average of 25.9. It is hoped that these clinics will be effective in detecting hitherto unsuspected cases of tuberculosis so that treatment may be arranged early.

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METAL TIP
LOCK TIP

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range of sizes

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Hospitals often find it necessary to consider price when purchasing hypodermic syringes—yet quality cannot be sacrificed when budgets are limited. To meet such situations, more and more hospital buyers specify Propper Hypodermic Syringes.

Accurately hand-ground, Propper Luer Lock Tip and Luer Metal Tip Syringes are made exclusively from re-annealed borosilicate glass, formulated to provide maximum resistance to corrosion, temperature change, breakage, strain and wear. Propper craftsmen permanently attach the precision-made Metal Tips and Lock Tips. They are designed specifically to fit every standard luer hub needle to prevent leakage and to substantially reduce tip breakage. Barrels have permanent ceramic markings fused-in at annealing temperatures. Syringes are pre-tested and guaranteed against leakage and backflow.

Propper Quality Glass Tip Syringes are made from finest glass and careful workmanship insures a closely fitting luer taper. Tip breakage due to imperfect fit is thus held to the absolute minimum. Fit all standard luer hub needles. Order Metal Tip, Lock Tip and Glass Tip Syringes today. A sample syringe sent at your request.

SIZE	CENTRUM TIP			ECCENTRIC TIP		
	Glass Luer	Metal Tip	Luer Lock	Glass Luer	Metal Tip	Luer Lock
5 cc.	\$15.40	\$17.40	\$18.70	\$	\$	\$
10 cc.	20.50	24.20	25.30	25.00	29.90	30.50
15 cc.	27.70	33.30	34.40	31.00	37.60	39.00
20 cc.	33.90	39.40	41.00	39.90	44.50	45.50

30, 50 and 100 cc. also available.



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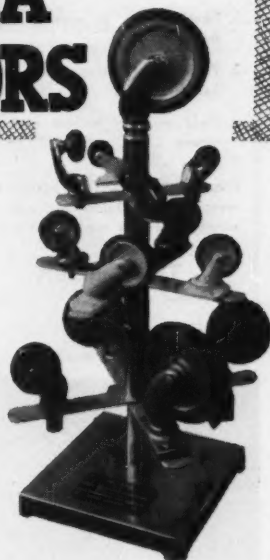
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Content includes:

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2. Developments in nursing education.
3. Psychiatric nursing and mental health.
4. Field work in Toronto and elsewhere.

Enquiries for 1952-1953 Session commencing early September, and bursaries should be made to—

The Secretary,
School of Nursing, University
of Toronto

Notes About People

(Concluded from page 20)

position at the Municipal Hospital in Red Deer, he supervised a major expansion program.

Always active in hospital and community affairs, Mr. Morrison was a member of the Economics Committee of the Associated Hospitals of Alberta. George Johnson, former assistant superintendent, has assumed Mr. Morrison's position at the Municipal Hospital, Red Deer.

* * * *

James Curry Jefferson of Edmonton on Loan to Federal Government

Brigadier James Curry Jefferson, C.B.E., D.S.O. and Bar, E.D., of Edmonton, an executive of Northwestern Utilities Ltd., and acting director of civil defence for Edmonton, has been loaned by his company to the federal government to act as deputy civil defence co-ordinator and director of operations and training under Maj.-Gen. F. F. Worthington, federal civil defence co-ordinator. Since November 1950, Mr. Jefferson has been responsible for developing Edmonton's civil defence program.

Joseph Hornstein Accepts Post at new Sinai Hospital, Detroit

Joseph Hornstein has been appointed assistant director of the new Sinai Hospital, Detroit, Mich., which is currently under construction. Mr. Hornstein enrolled in the post-graduate course in hospital administration of the University of Toronto, in 1949, and served his administrative residency at the Jewish General Hospital, Montreal. On completion of his residency, he was appointed assistant steward and stores manager at the Jewish General Hospital and, later, was director of the Jewish Hospital of Hope, Montreal.

* * * *

R. A. Laidlaw Retires from Hospital Board

R. A. Laidlaw has retired as chairman of the board of trustees of the Hospital for Sick Children, Toronto, a position he held for 18 years. Mr. Laidlaw's resignation was accepted with regret by fellow trustees, after 31 years of faithful service. Recognition, for his contributions to the advancement of medicine for children, was accorded him by the University of Toronto, when an LL.D. was conferred upon him in June, 1951. J. Grant Glassco, vice-chairman of the board since 1947, succeeds Mr. Laidlaw as chairman.

* * * *

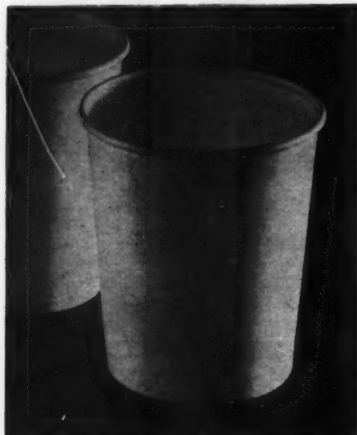
Pennsylvania Hospital Appoints H. Robert Cathcart, Administrator

H. Robert Cathcart, formerly assistant administrator of the eighth street department of the Pennsylvania Hospital, Philadelphia, Penn., has been appointed acting administrator of the hospital. Mr. Cathcart, a graduate of the course in hospital administration at the University of Toronto, was the author of an article on the Philadelphia Hospital Council, "Advantages Derived from Co-ordinated Action", which appeared in the April issue of this journal.

* * * *

Matron Appointed at Ajax, Ont.

Helen G. Hughes, formerly in charge of the audiometric department at the Montreal General Hospital, has been appointed superintendent of the new 32-bed hospital which is being constructed to serve the communities of Ajax and Pickering in Ontario. Miss Hughes is a graduate of the Kingston General Hospital, Kingston, Ont.



PREFERRED ...

*for use in
Canadian
hospitals!*

Kalyp cold drink cups are used in many Canadian hospitals where a sanitary, easily-disposable drinking cup is needed for morning fruit-drinks or evening relaxants. Kalyp cups are handy ... easily stored in large quantities. They're economical, too. Their construction is sturdily dependable. Order from your wholesale dealer or contact Globe Envelopes Limited.



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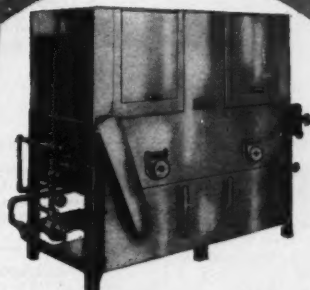
ALL THE WAY!



NEW SLICER WITH ESTIMATOR

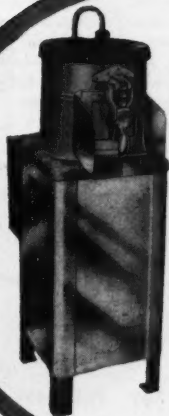
The Toledo Quick-Weigh Estimator saves time, saves steps. Portions can be estimated right on the slicer. Illuminated platter . . . greatest ease of operation and cleaning . . . full choice of slice thicknesses up to $\frac{3}{4}$ ".

Plan *all* your kitchen operations as carefully as you plan your menus—control costs, save time *at every step* with modern Toledo Scales and Kitchen Machines! Whether it's scales, dishwashers, steak machines, choppers, power saws, or vegetable peelers, Toledos are *right* for your needs today . . . backed by outstanding engineering and precision manufacture. Send for bulletin 1134. Toledo Scale Company of Canada, Limited, Windsor, Ontario.



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Toledo *Conveyor-Type* Dishwashers in full range of sizes and capacities. Automatic conveyor controls time of work for efficient dishwashing. Zip-Lok makes it easy to remove spray tubes for cleaning, without tools. Also available—*Door-Type* with 3-Way Door, opens front and both sides.



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Secretary-Manager Wanted for fully Modern 100 bed hospital. Apply stating salary expected, qualifications and experience to The Dauphin General Hospital, Dauphin, Manitoba.

SUPERINTENDENT OF NURSES

The Drumheller Municipal Hospital, Drumheller, Alberta, requires the services of a Superintendent of Nurses, duties to commence July 1st, 1952. Starting salary \$225.00 a month with full maintenance supplied free. A pension plan is available and one month's vacation after one year of service. Address your replies to the undersigned giving details of post-graduate studies if any, age, and previous experience.

REGISTERED NURSES WANTED

Registered Nurses required for Winnipeg Municipal Hospitals (Princess Elizabeth Hospital, King George Hospital, and King Edward Hospital). Monthly salaries, floor duty, \$168.00 to \$197.00; Ward Supervisor, \$180.00 to \$208.00; evening Supervisor, \$189.00 to \$211.00. Semi-annual increases of \$10.00 per month. Liberal sick time allowance. Pension plan. Apply to Superintendent of Nurses, Winnipeg Municipal Hospitals, Morley Avenue East.

OPENING FOR BUSINESS MANAGER

A 400-bed Hospital requires a business manager with executive experience qualified to control buying, accounting and distribution of supplies; a man with administrative ability who will accept full responsibility for the efficient operation of a public institution.

Applicant to state age, qualifications and references. Hospital experience preferred. Applications will be received until June 30th. Salary commensurate with qualifications. Reply Box 639 B, The Canadian Hospital, 57 Bloor St. West, Toronto 5, Ont.

DIETITIANS

Inquiries Are Invited
regarding
Expanding Professional
Possibilities
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Medical Teaching
Hospital

Full information on request to
Director of Dietetics,
Kingston General Hospital,
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Good books broaden our horizon, fill our minds, enable us to continue growing in knowledge and wisdom. They may not teach us to make atomic bombs or more money but they will help us to demonstrate the problems of war and economics. They will show us that the puzzling questions associated with good and evil, love and hate, happiness and misery, life and death, have not changed very much over the ages. What the writers of goods books said centuries ago may be the very thing to help us find serenity today.

The voices that speak to us across the birth and death and rebirth of nations touch every emotion of our generation. They provide us with a sense of proportion, a standard of values, and a profound respect for the truth.
—Royal Bank of Canada "Monthly Letter"

WANTED LABORATORY TECHNICIAN

One laboratory technician for 177-bed hospital. For further particulars, apply to Business Manager, Medicine Hat General Hospital, Medicine Hat, Alberta.

OPENING FOR RADIOLOGIST CITY OF KAMLOOPS, B.C.

Practice includes duties at Royal Inland Hospital and two Medical-Surgical Clinics. All three units well equipped. Opportunity for qualified Radiologist to establish permanently with excellent remuneration. Contact J. M. Morrison, Administrator, Royal Inland Hospital, Kamloops, B.C., for further particulars.

WANTED: PHYSIOTHERAPIST

Properly certified physiotherapist required for existing hospital of 150 beds, soon to be replaced by modern 225 bed institution. Generous staff benefits. Salary open. Apply to Executive Director, The Moncton Hospital, Moncton, N.B.

HELP WANTED MALE

Hospital Inspector and Consultant for the British Columbia Civil Service — Hospital Insurance Service, Victoria.

Salary: \$308. rising to \$358. per month, including cost of living bonus. Duties: to provide consultative services to hospitals on hospital administration, particularly personnel management problems; to make surveys of salaries and other conditions of employment; to inspect hospitals and to prepare reports and recommendations relative to hospital practices; related duties as required. Qualifications — High school graduation; preferably University training in hospital administration; administrative experience in a hospital; experience and/or training in personnel management; ability to meet and deal with hospital officials.

Candidates must be British subjects, not over 45 years of age except in the case of ex-service men who are given preference. Application forms obtainable from the Civil Service Commission, Weiler Building, Victoria, or the Civil Service Commission, 636 Burrard Street, Vancouver, to be completed and returned to the Chairman, Civil Service Commission, VICTORIA, IMMEDIATELY.

MATRON WANTED

For new fully modern 36 bed hospital. Attractive surroundings and ideal working conditions. Separate Nurses' Residence. Accumulative sick leave, one month holiday after 1 year of service. Duties to commence May 1st, 1952. Apply stating salary expected, qualifications and experience. Mrs. M. Hamilton, Sec.-Treas. Neepawa district Memorial Hospital, Neepawa, Manitoba.

EXECUTIVE POSITION REQUIRED

Retired Army Quartermaster Major, in good health, with a specialization in administration, testing and try-out of all commercial purchases and accounting, requires an executive position. Best References available. Apply to Box 763K, The Canadian Hospital, 57 Bloor St. West, Toronto.

SECRETARY-TREASURER DESIRES POSITION

Experienced hospital Secretary-Treasurer, would like to transfer to another hospital, July 1st. Mrs. Margaret Bergin, Golden, B.C.

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for new hospital. Bed capacity 347 active (excluding bassinets) and 117 chronic. Good opportunity. Training and experience essential.

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... Across the Desk

Colgate-Palmolive Appointments

Colgate-Palmolive-Peet Company, Limited announces the appointment of Mr. A. "Brock" Shore to the position of Acting Industrial Sales Manager for Canada, effective immediately. Mr. Shore, formerly Ontario Industrial Sales Manager, joined the Company in 1927. Mr. Shore takes over the position made vacant by the recent death of Mr. H. V. Raymond.

Mr. "Frank" J. Borland has been appointed Acting Ontario District Manager, Industrial Sales.

Jack Krasner Passes

Mr. Jack Krasner, General Manager of Propper Manufacturing Company of Long Island City, New York, died unexpectedly from a heart attack on Sunday, May 11th, while playing golf.

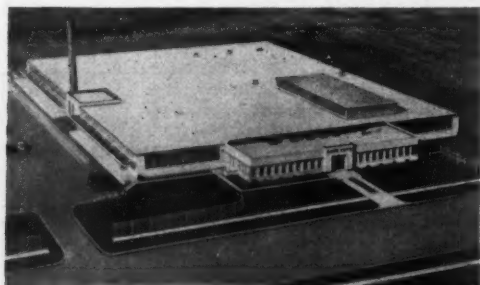
Mr. Krasner was associated with the Propper Manufacturing Company for more than ten years where he was a key figure in the fast development of the company, and was noted for his exceptional ability in every phase of industrial management. In addition to his duties as administrator, he held the position of Vice President of Propper International, Inc., a subsidiary company.

Dixie Cup Announces Completion of Plant Addition

Dixie Cup Company (Canada) Limited announces the completion of the extensive addition to their modern plant at Brampton, according to an announcement by T. D. Currie, Canadian General Manager, on behalf of C. F. Dawson, President.

The new addition of 33,600 square feet extends north of the original building and gives an increase of 65% production and warehouse space.

The plant expansion was made necessary by the continued growth of the paper cup and container industry



in Canada and will provide increased production and improved service for the company's many distributors and users throughout the Dominion.

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Reading in bed has its drawbacks. Hold a book overhead and you strain your arms. Peer down your nose and you strain your eyes. Prop yourself up with pillows and you put a crimp in your spine!

Now, with Prisma Glasses, you can lie flat on your back, gaze at the ceiling and read a book on your stomach. These glasses have triangular prisms that put a 70-degree angle in your eyesight. They can be slipped over other glasses without fitting.

Bed readers and invalids account for most sales. Other pairs are being used for viewing TV in the most relaxed way possible. Still others go for reading in the reclining seats on planes and trains.

Some novel uses have turned up, too. There have been orders for pairs with upside-down prisms to bend vision upward. A polio victim in an iron lung uses these. So does a man bent nearly double by arthritis, who wants to see where he's going.



Priced at \$19.75 in protective tan case, and gold stamped gift box.

Prisma Glasses can be obtained from Leisure Products Company, 22 Poplar Park Blvd., Pleasant Ridge, Mich.

New Bard Catalogue

C. R. Bard, Inc., Summit, N.J., has announced the release of the 13th edition of their catalogue. A masterpiece of the printers' art, with smudge-proof acetate laminated cover, this 48 page catalog is profusely illustrated in color, with more than 250 illustrations.

Catheters of every description for specific application in departments of urology, general surgery and the allied specialty fields, as well as anesthesiology, radiology and gastro-enterology, have been conveniently arranged according to functional use. A whole section of the catalogue is devoted to woven ureteral and urethral catheters, from the smallest, size two, to the large size 40 esophageal bougie. A size and colour chart is included for the easy selection of the most frequently used ureteral

(Concluded on page 116)

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Across the Desk

(Concluded from page 114)

catheters in the smaller sizes which are colour-banded*. There is also included a complete résumé of standard practice for the care, maintenance and sterilization of latex, red rubber and woven catheters and allied instruments for the convenience of the O. R. S. and her staff.

Stone dislodgers, fulgurating electrodes, prostatectomy instruments and bladder evacuators are but a few of the hundreds of instruments used in urology. There are also anaesthesia catheters, venous cannulae, oxygen tubes, infant resuscitation catheters, esophageal tubes for haemostasis of esophageal varices, intestinal intubation tubes and a host of other items for the hospital stock room.

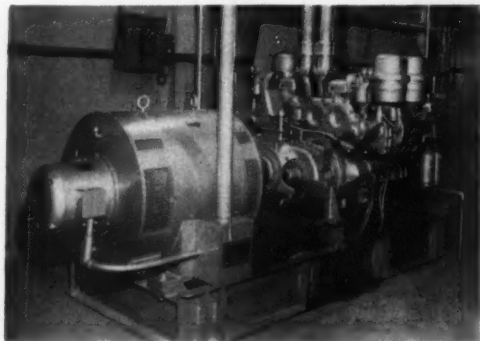
This catalogue is free and is available to all hospitals on request. It may be obtained by writing direct to C. R. Bard, Inc., Summit, N.J., or may be obtained from your regular hospital and surgical supply dealer.

* Registered in U.S. Patent Office.

* * *

Fredericton Hospital Stand-By Generator

Victoria Public Hospital in Fredericton, N.B., has installed a stand-by generator set to provide emergency power when the regular supply of power fails. After considering the advantages of a diesel engine over a gasoline engine they decided unanimously in favor of a Twin Six Series 71 General Motors Diesel Engine because of its superior qualities for this application. The Board also con-



sidered that diesel fuel is less volatile and lessens the danger of fire, and that there is not the danger of poisonous carbon monoxide gases.

It was necessary that the diesel engine be equipped with complete automatic starting and as a 175 KW generator would be required a General Motors twin six heat-exchanger engine, directly connected to a 175 KW generator, was installed. The unit has been in operation for over a year and now takes the full load of the hospital and requires less than five seconds from the time power fails until the emergency set takes over and power is resumed.

The operation and maintenance of the unit is under the supervision of the chief engineer, Joseph Nason.

"McClary-Garland" Still to be Made and Sold Here by General Steel Wares

"Commercial servers of food, such as hospitals, restaurants, hotels, and institutions will be interested to know that 'McClary-Garland' heavy duty gas ranges will continue to be built and sold in Canada by General Steel Wares and that we shall maintain our policy of selling direct to users, as well as to contractors and jobbers." This statement was made by L. B. Hardy, Sales Manager of the Commercial Food Service Equipment Division of General Steel Wares when asked about the recent joint announcement by Detroit-Michigan Stove Company and G. S. Blodgett Company that they have formed a Canadian subsidiary to distribute their products in this country.

"For many years General Steel Wares has represented Detroit-Michigan Stove Company in Canada, selling their American-made models as well as manufacturing the popular 'McClary-Garland' line in our plant in London," he went on. "Now, Canada's great growth and the continuing expansion of commercial food services has led our American friends to set up their own Canadian organization. We look forward to continuing goodwill and co-operation between ourselves and the newly-established Garland-Blodgett organization which, we understand, will sell only to wholesale distributors."

* * *

Deadly Fog Controls Insects

Vaposector, the highly-concentrated liquid insecticide, is in the news with the advent of the warm weather months. Operating on the principle of "double penetration", Vaposector provides greater control value than any competitive product, according to the manufacturer, West Disinfecting Company.

Vaposector, when dispensed with specially designed West equipment, penetrates the most remote crevice and hiding place, then, just as easily penetrates the insect's outer covering, inflicting a permanent paralysis from which pests never recover. No special labour force is required. A mere turn of the valve transforms Vaposector into a mist so fine that individual droplets are less than 8 microns in diameter. Thus a veritable "smoke" is created which permeates every recess, while Vaposector's concentrated formulation (three times more concentrated than a standard grade AA spray) attacks the insect's central nerve and respiratory systems. Only one ounce is needed to control flying insects in 1000 cubic feet of space, or two ounces for crawling insects in the same area. There's no toxic peril when used according to directions since Vaposector does not affect human or warm-blooded animals.

* * *

The human brain is a wonderful thing. It starts working the moment you are born and never stops until you stand up to speak in public.

* * *

"Did you give your wife the money you won?"

"Sure thing! And told her to buy some decent clothes—but she said, 'I've worn decent clothes all my life; now I'm going to dress like other women.'"



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Literature and sample on application.

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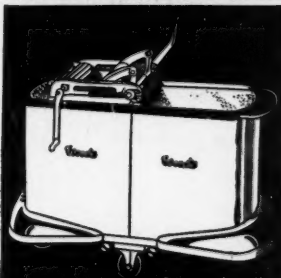
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